Procedure for Requesting an Emotional Support Animal in Student Housing

All information sent with this Request is kept confidential. **Under no circumstances may an animal be in residence until the Request is approved in writing by Student Housing.** Complete applications will be forwarded to the Special Housing Assignments Consultant who will review the documentation. Incomplete applications will not be reviewed. The Request should include:

- An **Emotional Support Animal Request Form** that includes information about the resident and the requested animal.
- A letter from the resident with a detailed explanation of their disability-related need for the animal.
- If you have a disability that is not readily apparent, you are required to submit reliable documentation of your disability and your disability-related need for an emotional support animal. If the disability is readily apparent, but the disability-related need for the emotional support animal is not, you are required to provide documentation of the disability-related need for the emotional support animal. Reliable documentation consists of a letter from your medical professional (including, but not limited to, your licensed psychologist, psychiatrist, neurologist, or other professional with training and expertise in the diagnosis of mental or physical disorders) addressing the following:
  1. Verification that you have a disability (i.e. a physical or mental impairment that substantially limits one or more of the major life activities), including a description of your functional limitation(s);
  2. Verification that the request for an emotional support animal is reasonable by demonstrating a relationship between your ability to function and the companionship of the animal;
  3. Verification of the limitations of your disability and specific information describing how the animal mitigates those limitations; and
  4. Verification that you can responsibly care for the support animal.
- A signed **Information Release Form** allowing a University representative to correspond with the medical professional about the documentation accompanying the Request. This is optional; however, the failure to provide it may result in the request being denied if the documentation provided by the medical professional (above) is not sufficient.

The Special Housing Assignments Consultant will inform the resident of the decision via email within four (4) weeks of the Request. If the Request is approved, the Special Housing Assignments Consultant will work with the resident to actualize the accommodation, as well as review the guidelines for maintaining the community standards and resident responsibilities while the animal is in residence.

Submit the Request in person, by fax, scan & email, or by mail to:

**University of California Davis**
One Shields Ave, 160 Student Housing
Davis, CA 95616-8712
Fax (530)752-4345
Email: SHConfidential@ad3.ucdavis.edu
EMOTIONAL SUPPORT ANIMAL REQUEST FORM

Request Date: __________________

Resident’s Name: ____________________________________________________

Student Identification Number: ________________________________________

Email Address: ______________________________________________________

Phone Number: ______________________________________________________

Animal Information

Animal’s Name: ___________________________         Type of Animal: _______________      Gender: □ Male   □ Female

Physical Description of Animal (breed, color, size, weight, etc):

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Alternate Caregiver for Animal If Owner is Unavailable:

Name: ___________________________         Relationship to Owner: ___________________________

Address: ___________________________         Phone Number: ___________________________

Please include the following:

☑ Copy of Veterinarian’s Verification that all shots/vaccinations are up to date
☑ Copy of Yolo County Dog License (if applicable)
☑ Copy of any Animal training certificates
☑ Current photograph of animal
INFORMATION RELEASE FORM

I, ________________________________, give my consent for UC Davis representatives to make contact with my health professional(s) to ask for my healthcare information, and give permission for my health professionals(s) to release my relevant healthcare information to the requesting UC Davis representatives for the purpose of evaluating my Request for a Housing Accommodation for a Support Animal.

Below is a list of my health professional(s) that can be contact:

Name: ________________________________  Contact Information: ________________________________

__________________________  ____________________________

__________________________  ____________________________

__________________________  ____________________________

__________________________  ____________________________

__________________________  ____________________________

______________________________________________________
Resident Signature

Print Name: ________________________________

Date: ________________________________