



STUDENT HOUSING
ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8712

Procedure for Requesting a Support Animal in Student Housing

Under no circumstances may an animal be in residence unless or until the Request is approved in writing by Student Housing. All questions must be addressed thoroughly in a point-by-point enumerated response. Incomplete applications will not be reviewed.

The Support Animal Request Packet should include:

- Completed **Special Accommodation Request Form**
- Completed **Emotional Support Animal Request Form**, along with the required supporting documentation for the support animal.
- A personal statement from the student, which includes a detailed explanation of their disability-related need for the animal.
- Medical documentation of the disability-related need for the support animal. Reliable documentation consists of a letter from your current qualified diagnosing professional which addressed the functional limitations of your disability and how it relates to your request for a support animal. *For more information regarding requirements for medical documentation, see the Special Accommodation Request Form's section on "Additional information regarding supporting documentation".*
- A signed **Information Release Form**, which allows a University representative to correspond with the diagnosing clinician(s) about the documentation accompanying your request. This is optional; however, the failure to provide it may result in the request being denied if the documentation provided by the clinician is not sufficient.

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
ATTN: Special Housing Assignments**

**Fax (530)752-4345
Email: SpecialAccom@ad3.ucdavis.edu**

Completed Support Animal Request Packets will be forwarded to the Special Housing Assignment Consultant to review the documentations and make a decision on behalf of Student Housing. Response to a completed request submission will be provided within 10 business days of receipt, barring exceptional circumstances. If additional information is necessary, the student will be contacted directly.

Once a decision is made, residents will be notified of the status of their request in writing. If the request is approved, Student Housing will work with the resident to actualize the accommodation, as well as review the agreement for maintaining the community standards and resident responsibilities while the animal is in residence.



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EMOTIONAL SUPPORT ANIMAL REQUEST FORM

Date of Request: _____ Student ID: _____

Resident Name: _____
LAST FIRST M.I.

Email Address: _____ Phone Number: _____

Animal Information

Animal's Name: _____ Type of Animal: _____ Gender: Male Female

Breed: _____ Hair Length: _____ Weight: _____

Physical Description of Animal: _____

Please include the following:

- Copy of Veterinarian's Verification that vaccinations are up to date
- Copy of Yolo County Animal License (for dogs only)
- Copy of any Animal training certificates
- Current photograph of animal

INFORMED CONSENT FOR RELEASE OF INFORMATION

This release will remain in effect while you are a resident of University housing.

I, _____, authorize University of California Davis Student Housing to disclose to others that may be impacted by the presence of an animal (e.g., University staff, potential and/or actual roommate(s)/neighbor(s)) that I will be living with an animal as an accommodation. I understand that this information will be shared with the intent of preparing for the presence of the Support Animal and/or resolving any potential issues associated with the presence of the animal. Furthermore, I understand that all other information, including personally identifiable information, regarding my request will be protected and kept private in accordance with University policy, except as otherwise required by law.

Signature: _____

Date: _____



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MEDICAL 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 professional(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 contacted:

Name:

Contact Information:

Signature: _____

Date: _____