Emotional Support Animal (ESA) Disability Reasonable Accommodation Application Request Form

I. Gallaudet University Campus Animal Policy

As indicated in University policy 1.08, Companion (pet) animals are not permitted on Gallaudet University premises, including in University Housing, with the exception of qualified animals including Service Animals, approved Emotional Support Animals (in compliance with University policy as outlined in the Administration and Operations Manual), and fish in a properly maintained aquarium no more than ten (10) gallons in size, per Residence Life and Housing policy. The current Policy provides a mechanism for individuals with disabilities who require an animal-related accommodation on the basis of disability to seek a reasonable accommodation from the University’s prohibition in order to reside with an animal in University housing.

II. Emotional Support Animal Definition

Please be aware that, as an institution of higher education serving deaf and hard-of-hearing individuals, Gallaudet University has, over the years, instituted numerous accommodations. The University has also implemented many technological and other enhancements to facilitate a fully accessible, barrier-free environment for its constituents. Additionally, the University will, upon request, attempt to make other reasonable accommodations wherever appropriate. This includes making support available through CAPS and other services for members of our campus community with psychological and psychiatric disabilities. University housing includes all traditional residence halls (Ballard West, Benson Hall, Carlin Hall, Clerc Hall, the Living and Learning Residence Hall 6 - LLRH6 - and Peet Hall), the Faculty Row Houses (Ballard House, Denison House, and Fay House), and the Kendall and MSSD Apartment Complexes.

At Gallaudet University, an Emotional Support Animal (ESA) is a qualified animal approved for residency with its specified owner/handler in a designated campus dwelling as a disability-related accommodation. The animal's intended purpose is to provide emotional support for its designated owner/handler as a component of the owner/handler's therapeutic treatment plan for a psychological or psychiatric disability; the ESA is thus prescribed by the individual's licensed, treating healthcare professional (typically the treating therapist) on the basis of medical necessity.

An ESA is not specifically trained to perform tasks to mitigate the symptoms of the owner/handler's disability, and is not considered a Service Animal under the Americans with Disabilities Act. Under the Fair Housing Act (FHA), the University shall impose no restrictions on ESA breed, size, or weight, so long as qualified ESAs shall not pose a threat to the health or safety of any human or other animal on campus. Similarly, a qualified ESA must be housebroken and/or litterbox trained or otherwise trained to eliminate appropriately. If approved, the ESA shall be considered a reasonable accommodation only for the qualified individual’s dwelling in University housing; ESAs may not be brought into public spaces on campus or into University buildings or property other than that for which approval is specifically granted.

Note: There are individuals and organizations that sell Service Animal and/or Emotional Support Animal certification or registration documents online. These documents do not convey legal rights under the ADA, ACAA, or FHA; Department of Justice does not recognize them as proof that an
animal is a Service Animal or Emotional Support Animal. Consequently, such online certification/registration documents will not be recognized or accepted as proof that an animal is a qualified Service Animal or prescribed Emotional Support Animal for purposes of seeking a reasonable accommodation to reside in University Housing.

### III. Reasonable Accommodation Qualifying Criteria

To qualify for this reasonable accommodation:

- The requester must have a disability as defined by the ADA;
- The exception to the University’s no-pets rule (a reasonable accommodation) must be necessary to afford the requester an equal opportunity to use and enjoy University Housing;
- There must be an identifiable relationship, or nexus, between the requested reasonable accommodation (ESA) and the requester’s disability;
- There must be no alternative accommodation that would effectively address the requester’s disability-related needs without a fundamental alteration to the provider’s operations and without imposing an undue financial and administrative burden;
- The requester must have an already established relationship with the animal (ESA);
- The animal must not pose a direct threat of harm to others, or be likely to cause substantial physical damage to the property of others (hence, this generally excludes dangerous, poisonous, illegal, exotic, or other animals that pose a direct threat);
- The animal must be fully housebroken or litterbox-trained (i.e. trained so that it controls its waste elimination, absent illness or accident);
- If the requester is an enrolled student, the individual has pursued registration with the Office for Students with Disabilities (OSWD);
- The animal must be approved through the University as an official accommodation, through the Campus Animal Accommodations Team in conjunction with other offices as needed, prior to being brought to campus.

### IV. How Gallaudet Assesses Qualifying Criteria To Determine Reasonableness

Gallaudet will be guided by the following interpretive principles, rules and factors:

- The requester will have the burden of demonstrating, through documented expert opinion, testimony and other evidence, that the requester would not be able to use and enjoy Gallaudet Housing facilities “but for” the requested exception (residing with their ESA in University Housing).
- The requester will have the burden of demonstrating, through documented expert opinion, or other evidence, that the ESA is both necessary and reasonable for equal enjoyment and use of University Housing.
- The requester must also demonstrate that no other means and methods (e.g. medication, counseling, other housing accommodations, other available interventions, crisis response mechanisms or treatments), or combination of means and methods are available to adequately manage or ameliorate the symptoms of their disability in the housing context. If such other means and methods, or combination of means and methods, are available to the requester to adequately manage or ameliorate the symptoms of the requester’s disability to such a degree that the requester, with the aid of those other means and methods, would be able to use and enjoy Gallaudet University Housing, then no exception to the no-pets policy will be granted.
- The attesting third-party documentation presented must be from licensed providers who are currently providing treatment to the requester and are not related to the requester.
V. Accommodation Request Contingencies

As you consider whether this accommodation request is right for you, please be aware that Gallaudet University complies with all applicable provisions of legal guidelines governing the presence of assistance animals in campus residential housing as a reasonable accommodation. Students and staff with disabilities who are requesting to have a qualified animal reside with them in University housing must establish that the intended animal is necessary to afford them an equal opportunity for access, and that the presence of their animal in University housing is a reasonable accommodation.

Requests for an ESA are evaluated on a case-by-case basis. The University will undertake individualized assessment of the specifically-requested animal in to determine if it poses a direct threat of harm or would cause substantial property damage. However, the University cannot guarantee that it will approve an applicant's request to bring any such animal onto campus if it is determined that the specific animal in question poses a direct threat to the health or safety of others, would cause substantial physical damage, or is not a reasonable accommodation. Additionally, even following contingent approval, if an animal is found to pose an undue health risk or threat to others, or fundamentally alters the nature of services on campus, the University retains the right to require that the animal be removed from campus.

VI. Animal Care Considerations

Bringing an approved, qualified animal into University housing entails a substantial transition for both an animal and its owner/handler. The Campus Animal Accommodations Team urges applicants to seriously consider the needs and well-being of the animal in question prior to and in the process of applying for this accommodation.

University housing presents many novel and potentially unfamiliar stimuli including roommates, neighboring residents, dorm and maintenance staff, building and campus fire alarms, safety drills, and more. We strongly encourage applicants to consider multiple factors including the nature of their disability-related accommodation need; their schedule and other competing demands; ability to provide care for the animal in a University residential setting including meeting daily health and hygiene needs; limitations or challenges; the specific animal's temperament and tolerance of novelty; and other factors including developing contingency plans in the case that an accommodation request is not approved. We particularly encourage requesters to work closely with their mental health provider to consider their disability-related need for the animal in question to ensure mutually beneficial outcomes for all. For additional information on responsibilities associated with pet ownership, requesters may wish to review the Waltham Pocket Book of Responsible Pet Ownership (PDF).

VI. Accommodation Request Timeline and Approval Duration

Accommodation requests are managed on a first-come, first-serve basis. Thus, the Campus Animal Accommodations Team asks that those requesting this accommodation make every attempt to formally initiate their request no fewer than sixty (60) days prior to the requested arrival date of the animal, to permit sufficient time for processing and clearance. This is due to the paperwork involved, the need for third-party substantiating information, and required correspondence; additionally, there may be extenuating circumstances or unforeseen questions which may arise that require ongoing correspondence with different units on campus. Every attempt is made to review and respond to requests in an expedited manner; however, due to resource and space constraints, the University cannot guarantee that it will be able to approve an ESA request during the same semester for which the request is submitted, particularly if the request is not submitted in a reasonably timely manner.
If approved, this accommodation is granted until the end of the same academic year and permits handlers/responsible parties to reside on campus in their designated dwelling with the approved animal under contingent conditions, including continuous maintenance of all requested vaccinations, DC Licensure (as required), and adherence to the terms of the ESA Owner/Handler Behavior Contract.

**Note:** Requests shall be completed and submitted annually in order to maintain the animal on campus, to ensure maintenance of animal health and vaccinations along with current information.

### VIII. Request Process/Procedure

If you believe you have a qualifying disability and a need for an ESA-related accommodation to live in University housing, please follow this established process to request an Emotional Support Animal (ESA) as a reasonable accommodation for Gallaudet University Housing facilities. This request process enables you to provide substantiating information to the University that demonstrates that you meet the Qualifying Criteria listed above. The documentation and other information you submit should also directly address the interpretive principles, rules and factors set forth above. The request process is structured as follows:

1. Request, complete, and submit by email the Emotional Support Animal Disability Reasonable Accommodation Request Form to assistance.animal@gallaudet.edu for review by the Campus Animal Accommodations Team; review cannot begin until receipt of your full accommodation request package. Substantiating information includes:
   
   i. Valid, reliable, current, signed letter of disability determination; on letterhead, from your current treating therapist who can provide written attestation to your disability and specific disability-related need for the ESA on the basis of working with you for a reasonable duration of time in which they have been able to ascertain your disability-related need for an ESA and the disability-related need which your specific ESA meets.
   
   ii. Completed ESA Accommodation Request Form including Sections A-E: Owner/Handler information; signed ESA Owner/Handler Responsibilities Contract; Emergency Contact Information; Roommate(s) Consent Contract (if applicable); and provider-completed section.
   
   iii. Information from your animal's veterinarian, as well as vaccination records for the ESA;
   
   iv. Proof of DC Licensure from the District of Columbia Department of Health (where required);

2. If your request materials demonstrate that qualifications for a reasonable accommodation are potentially met, the Campus Animal Accommodations Coordinator will then contact you to determine a date for an in-person dispositional assessment meeting with you and your animal. This meeting is intended for mutual review of all substantiating information and contractual agreement, for any questions to be answered, and for confirmation that the conditions for reasonable accommodation are met (e.g. that the animal does not pose a direct threat to the health or safety of others, or would cause substantial disruption or physical damage to people or property). This meeting will be scheduled for prior to or the day of the anticipated arrival date of the animal.

3. If approval is granted, University staff in Residence Life and Housing and the Department of Public Safety will be notified, and a move-in date with your animal will be mutually agreed upon. Accommodation request approval shall be granted from the date of approval until the end of the academic year (date of dorm closure), contingent on maintenance.
of all required vaccinations, DC Licensure (where required), and adherence to the terms of the ESA Owner/Handler Responsibilities Contract. Animal-related accommodations must be requested and approved yearly by the Campus Animal Accommodation Team.
Emotional Support Animal
Disability Accommodation Application Request
Form for University Housing: Sections A-D

Sections A-D are to be completed by the individual requesting a disability-related reasonable accommodation to reside with an Emotional Support Animal (ESA) in University Housing, with additional information and signatures required to indicate consent of emergency contact person(s) and roommate(s), where applicable. Please type or print legibly.

<table>
<thead>
<tr>
<th>A. Owner/Handler Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requester Name: _____________________</td>
</tr>
<tr>
<td>Gallaudet ID: ________________________</td>
</tr>
<tr>
<td>Home Address: _______________________</td>
</tr>
<tr>
<td>Current Campus Address (if applicable):</td>
</tr>
<tr>
<td>Phone: ☐ V ☐ VP ☐ Text ________________</td>
</tr>
<tr>
<td>Email: ______________________________</td>
</tr>
</tbody>
</table>

Are you a: ☐ Gallaudet Student ☐ Clerc Center Employee ☐ Gallaudet Employee
☐ Other: ______________________________

Have you registered with the Office for Students with Disabilities (if you are a Gallaudet student) or with the University Equal Employment Opportunity (EEO) office (if you are a Clerc Center or University Employee)? ☐ No ☐ Yes

Please explain your disability-related need for an accommodation to reside in University Housing with an Emotional Support Animal:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please indicate the semester(s) and corresponding year(s) for which you are requesting an accommodation to reside with an ESA in University Housing:
☐ Fall __________ ☐ Spring ___________ ☐ Summer __________

Please indicate your anticipated campus residency with your ESA, if known:
☐ Ballard House ☐ Ballard West ☐ Benson Hall ☐ Carlin Hall ☐ Clerc Hall
☐ Denison House ☐ Fay House ☐ LLRH6 ☐ Peet Hall ☐ Kendall Apts.
☐ MSSD Apts. ☐ Other: ______________________________

Please indicate your anticipated unit/room/apartment number, if known: ________________

____
Please review and initial each box to indicate your understanding and willingness to adhere to the following guidelines governing the presence of animals on campus. Failure to follow these requirements may result in denial of an accommodation request or in the required removal of the animal from University housing.

1. Vaccinations and Licensure: In accordance with District of Columbia ordinances and regulations, the approved ESA must be kept up-to-date on all required and recommended immunizations against diseases for the species in question. If the approved ESA is a canine, District of Columbia Dog Licensure will be obtained and kept current for the duration of occupancy. It is the responsibility of the owner/handler to know and understand these ordinances, laws, and regulations, and to maintain current/up-to-date animal vaccinations on file with the Campus Animal Accommodations Team. Failure to maintain the animal's required vaccinations may result in immediate forfeiture of approval regardless of point in time of the approved accommodation.

2. Health: The ESA must be in good health as documented annually by a licensed veterinarian. The University has authority, but not does maintain the responsibility, to direct that the approved ESA receive veterinary attention in emergency circumstances.

3. Owner/Handler Control: The owner/handler is responsible for assuring that the approved ESA does not pose a threat to human or animal health, safety, or property on campus, nor unduly interfere with or adversely affect the routine activities of University Housing, the University, or other residents.

4. Conduct: The ESA may not display disruptive or dangerous behaviors or cause disturbances (e.g. excessive barking, growling, biting, hissing, scratching, jumping, etc.). The University may require an ESA be removed from campus if it is out of control and the owner does not take action to control it, if it is not housebroken, or if it poses a threat to health and safety of other people or animals. The owner/handler must be in full control of the approved ESA at all times. The ESA must remain contained in the owner/handler's dwelling at all times, and otherwise be on a leash, harness, or other tether, or in an appropriate crate or carrier (when applicable) when being transported to and from the owner's residence.

5. Crating: As appropriate to the species, an approved ESA must remain in a crate, kennel, or other appropriate enclosure within the assigned dwelling when the owner/handler is absent and/or when University personnel are present in the room to complete facilities maintenance/work orders.

6. Waste Disposal: It is the owner/handler’s responsibility to immediately remove and properly dispose of animal waste (e.g. urine, excrement, fur, litter, cage shavings, etc.), which must be placed in a sturdy plastic bag before disposal, and disposed of in an outside trash receptacle. Approved ESA dogs must be completely house-trained to urinate and defecate outside, on leash or tether, in designated areas of the campus away from pedestrian and vehicular traffic. No training pads are permitted.

7. Cleanliness: The approved ESA must be clean and kept in good hygiene. Any and all bathing/washing of the approved ESA must take place off-campus. The University will not require any surcharges or fees for an approved ESA in University Housing, because an approved ESA is a disability-related accommodation. However, any cost incurred by the University to clean up a mess or repair damage to property caused by an ESA beyond normal wear and tear will be the financial responsibility of the owner/handler. That is, the owner/handler will be charged for damage caused by an ESA to the same extent that the University would normally charge any resident or visitor for the damage caused to University property. This may include charges for excess cleaning and/or replacement of any carpeting or furnishings. If the ESA creates a mess that the owner/handler is unable
to clean due to disability, the owner/handler must make other appropriate arrangements for cleaning the area and notify Residence Life and Housing.

8. **Measures of Infestation Prevention and Control**: Because of the shared space of the University Housing environment, measures should be taken at all times for flea, pest, or other infestation and odor control. Should the ESA be discovered to have fleas, the owner/handler may also be held responsible for the cost of flea abatement in the areas where the ESA may reside, as well as other areas it frequents routinely. This shall include any cleaning beyond that routinely done for that dwelling or site. Cleaning services beyond those routinely performed may include, but are not limited to, replacement of furniture, steam cleaning of all carpets and drapes, and abatement for fleas or other pests and odor. The owner/handler will be billed for the expense of any pest treatment necessitated by the presence of the ESA, including by applying such charges to the individual’s University account. The owner/handler is expected to cover these costs at the time of repair or when moving out.

9. **University Release from Liability**: The University may use pesticides, pest control devices, cleaning supplies, and other materials for the maintenance and operation of University housing. The University will make an effort to notify residents in advance so that if the owner/handler feels the need to make arrangements to remove their ESA from campus for the duration of the cleaning, at their own discretion and cost, they may do so.

10. **Care and Supervision**: The care and supervision of the approved ESA is solely the responsibility of the owner/handler for whom the ESA has been prescribed and approved. The owner/handler is therefore responsible for ensuring the safety of an approved ESA and the University community at all times. All liability for the actions of the ESA, including but not limited to aggressive behaviors or those which may be perceived or experienced as aggressive, are the responsibility of the owner/handler, including financial obligations of bodily injury. The University encourages owner/handlers to consider appropriate liability insurance.

11. **Neglect/Mistreatment**: If it is suspected or discovered that the approved ESA is being neglected, mistreated, or has been abandoned, members of the campus community may contact the Department of Public Safety (DPS); additionally, the University may contact the Animal Control Unit of the Metropolitan Police Department for appropriate follow-up. Any evidence of mistreatment, neglect, or abuse may result in immediate removal of the animal and/or discipline for the responsible individual.

12. **Overnights**: The owner/handler may not leave the approved ESA overnight in University Housing, even with a roommate(s) present. As approval of an ESA is contingent on the need of the individual with the disability, the ESA must be brought off-campus with the owner/handler if the individual leaves campus for an extended period, defined as an overnight visit or longer duration of absence. Additionally, the owner/handler must make proper arrangements for the removal and care of the approved ESA off-campus while University Housing is closed for breaks. The need to care for an approved ESA is not on its own a valid reason for permission to stay on campus over a break or any other period when University Housing is closed.

13. **Emergency Contact Information**: The owner/handler will provide emergency contact information for another caregiver/responsible individual who is familiar with the needs of the approved ESA and willing and able to assume responsibility for its care, should the owner be rendered incapacitated at any time. The caregiver/emergency contact should ideally reside off campus and must be available to remove the animal in a timely manner appropriate for the animal species and needed care. Dogs must be removed within 6 hours. All other animals must be removed in no more than 24 hours.

14. **Emergency Preparedness**: During fire drills and/or emergency preparedness procedures, the owner/handler will remove the approved ESA from their dwelling for the duration until such time as approval is granted for residents to return to the dwelling. The
approved ESA must remain on leash or in the appropriate carrier during this time. Gallaudet University personnel shall not be required to provide care for any animal including, but not limited to, removing the ESA during emergency evacuation for events such as fire alarms or drills. In the event of an actual emergency, University personnel will determine whether to voluntarily remove the ESA from the dwelling if the owner/handler has not already done so, and may not be held responsible for the care of, injury to, or loss of the animal.

15. **Safety and Financial Responsibility**: The University may require that the ESA be removed from campus without warning if removal is warranted due to safety concerns. The owner/handler is financially responsible for any costs associated with removal of the approved ESA, including for any bodily injury or property damage caused by the approved ESA.

16. **Limitations of Accommodation Approval**: ESAs are not permitted in the residence hall lobbies and cannot be brought to or inside other areas of campus, including but not limited to athletic fields, dining areas, classrooms, or other buildings or common spaces or private rooms of residences. Approved ESA canines may be brought out of the dwelling for toileting purposes next to the building of residence, but may not be brought to other areas on campus.

17. **Contract Limitations**: Approval of the ESA may be revoked if the animal’s presence poses a direct threat to the health and safety of individuals on campus, including but not limited to reasons including illness, lack of cleanliness, insufficient handler control, or presence in an inappropriate area that may put the animal or others at risk. If an owner/handler is asked to remove the ESA due to failure to comply with the **ESA Owner/Handler Responsibilities Contract**, the owner/handler may still be permitted to use and enjoy their assigned University dwelling without the ESA, contingent upon adherence to all other University policies. Similarly, in the event of safety concerns, the University may relocate the owner/handler and approved ESA to other housing arrangements consistent with University policy.

18. **Duration of the Contract**: Approval of the ESA for residence in University housing is effective for the academic year in which approval is given, and then only as long as it is necessary because of the owner/handler’s disability-related need and contingent upon maintenance of species-specific vaccinations and District of Columbia Licensure. The owner must notify the Assistance Animal Accommodations Team as well as Residence Life & Housing in writing immediately if the approved ESA is no longer needed or is no longer in residence. The requester must re-apply for this accommodation prior to each academic year for which the accommodation is desired.

☐ I have reviewed and agree to adhere to the above terms outlined in Section B. ESA Owner/Handler Responsibilities Contract.

☐ I authorize Gallaudet University to discuss my personal health information, reasonable accommodation request, and housing arrangements with my medical provider, understanding that medical information provided to the Assistance Animal Accommodations Team is confidential and specific information about my disability will not be released without my consent.

Requester Signature: ___________________________ Date: __________
Gallaudet ID: ____________________
C. Emergency Contact Information

In the event that I, ___________________________ (requester name) as the owner/handler of _________________________ (ESA name) become incapacitated, the following is the emergency contact information for a caregiver/responsible individual who is familiar with the needs of my requested ESA and who has agreed to provide care for the animal as needed.

Emergency Contact Name: ____________________________________________________
Emergency Contact Relationship to Owner/Handler: __________________________________
Emergency Contact Address: ____________________________________________________
Emergency Contact Phone: ☐ V ☐ VP ☐ Text ______________________________________
Emergency Contact Email: ____________________________________________________

I, ___________________________ (above-named emergency contact) have been made aware of my responsibilities to care for the above-named animal in the event of an emergency: ☐ No ☐ Yes

Emergency Contact Signature: __________________________________ Date: __________
Gallaudet ID (if applicable): ____________________________________________________
### D. Roommate Consent Contract

To be reviewed and signed by each roommate/suitemate/housemate prior to the requested animal occupying the assigned dwelling:

I acknowledge that my roommate, _________________________, (above-named resident owner/handler) is requesting an Emotional Support Animal (ESA) in their room, which is part of our shared dwelling. The type of animal is a _______________________________.

I agree to reside with the resident owner/handler and their animal, if approved. I understand that I may issue a complaint, following the University’s grievance policies, if the animal displays disruptive and/or threatening behavior. I understand that I will not be held responsible for any damages or cleaning costs associated with my roommate’s animal. I understand that I am responsible for notifying the Assistance Animal Accommodations Team and Residence Life and Housing if I have a disability-related concern which would impinge on the above arrangements, such as severe allergies or phobias, or require alternative housing arrangements to be made.

<table>
<thead>
<tr>
<th>Roommate #1 Name: ___________________________________</th>
<th>Gallaudet ID#: ____________________</th>
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<tbody>
<tr>
<td>Signature: ___________________________________________</td>
<td>Date: __________________________</td>
</tr>
<tr>
<td>I ☐ consent ☐ do not consent to sharing our common living space with the animal.</td>
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<tr>
<th>Roommate #2 Name: ___________________________________</th>
<th>Gallaudet ID#: ____________________</th>
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</thead>
<tbody>
<tr>
<td>Signature: ___________________________________________</td>
<td>Date: __________________________</td>
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<tr>
<td>I ☐ consent ☐ do not consent to sharing our common living space with the animal.</td>
<td></td>
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<thead>
<tr>
<th>Roommate #3 Name: ___________________________________</th>
<th>Gallaudet ID#: ____________________</th>
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</thead>
<tbody>
<tr>
<td>Signature: ___________________________________________</td>
<td>Date: __________________________</td>
</tr>
<tr>
<td>I ☐ consent ☐ do not consent to sharing our common living space with the animal.</td>
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</tbody>
</table>

Noted roommate concerns/agreements/discussion points relating to cohabitation with the animal in the shared living space:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Emotional Support Animal
Disability Accommodation Application Request
Form for University Housing: Section E

Healthcare Provider Attestation To Disability

Please provide valid, reliable, signed documentation from your current mental health care provider that attests to your disability and disability-related need for an Emotional Support Animal, per legal requirements and University policy. Documentation should be current, provided on official letterhead, and should clearly indicate how this accommodation is necessary to mitigate disability-related symptoms in a residential setting. This letter may be addressed to the University Assistance Animal Accommodations Team and emailed directly to assistance.animal@gallaudet.edu or included in your submitted package.

E. Healthcare Provider Additional Information About Applicant

| Individual Requesting Accommodation: __________________________________________________________ |
| Applicant’s Gallaudet ID: ________________________________________________________________ |

Note: The following will provide the Gallaudet University Assistance Animal Accommodations Team with information to evaluate a disability accommodation request by the above individual to bring an Emotional Support Animal (ESA) into University housing. It is designed to be completed by the requesting individual’s psychiatrist, psychologist, licensed social worker, or relevant trained medical doctor or mental health practitioner. The information below is requested from the licensed provider or professional who is directly responsible for the treatment of the above individual’s disability, including the intentional use of an ESA to address specific functional limitations that result from the individual’s disability. The provider completing this form cannot be a relative of the requesting individual, and should possess the appropriate training and skill to attest to the information requested.

The legal definition of disability includes two elements: (1) a physical or mental impairment that (2) substantially limits one or more of the major life activities of the person in question. Major life activities include but are not limited to: walking, breathing, seeing, hearing, performing manual tasks, caring for one’s self, learning, bodily systems such as immune function, and working. Thus, disability has both diagnostic and functional elements, and BOTH elements need to be documented for effective accommodation determination.

1. The above individual is my current patient/client to whom I am currently providing treatment (on a continued, face-to-face basis): ☐ No  ☐ Yes

   Date First Seen: ___________       Date Last Seen: _______________

2. The above requesting individual whom I have individually examined and treated has a psychological or psychiatric disability that substantially limits one or more major life activities:  ☐ No  ☐ Yes
3. If yes, please describe how the disability and symptoms impair this individual’s ability to perform major life activities in University housing:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4. Please describe your qualifications to assess this individual for appropriateness of fit for an Emotional Support Animal (e.g. familiarity with the scientific literature on Emotional Support Animals):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. Is the proposed Emotional Support Animal a pet that you believe will have a beneficial effect for the individual while residing at Gallaudet University?  ☐ No  ☐ Yes

6. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical higher education activities and residing in University housing? Do you believe those responsibilities might exacerbate this individual’s symptoms in any way (and if so, how)?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. Based on my examination and treatment of the above individual, this individual is sufficiently able to carry out the responsibilities outlined in Section B: ESA Owner/Handler’s Responsibility/Behavior Contract:  ☐ No  ☐ Yes  Please explain:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

8. Please supply any other information that should be considered in determining this individual’s request to bring an Emotional Support Animal into University housing:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
☐ I am verifying that the named individual’s information is correct, that the individual is a patient/client that I have been and am treating, that I am licensed and qualified to give the above attestation of this individual’s disability, and that I am not a relative of this individual.

Provider Name and Title: ______________________________________________________
Business/Organization: ______________________________________________________
Provider License #: _________________________________ State: ____________________
Address: ___________________________________________________________________
Phone: ____________________________________________________________________
Email: ____________________________________________________________________

Provider Signature: ________________________________ Date: ________________
Emotional Support Animal Veterinary Information

To be completed by animal’s treating veterinarian: please type or print legibly

<table>
<thead>
<tr>
<th>Emotional Support Animal Information</th>
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<tbody>
<tr>
<td>Owner/Handler Name: __________________</td>
<td></td>
</tr>
<tr>
<td>Animal’s Name: ____________________</td>
<td></td>
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<tr>
<td>Species: __________________________</td>
<td></td>
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<tr>
<td>Breed: ______________________________</td>
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<tr>
<td>Color: ______________________________</td>
<td></td>
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<tr>
<td>Unusual/Discriminating Markings: ______</td>
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</tr>
<tr>
<td>Date of Birth: _____________________ Age: __________</td>
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</tr>
<tr>
<td>Weight: _________ (lbs) __________ (oz)</td>
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</tr>
<tr>
<td>Sex of Animal: ☐ Male ☐ Female Microchipped: ☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Spayed/Neutered: ☐ No ☐ Yes If yes, date of spay/neuter: __________________</td>
<td></td>
</tr>
<tr>
<td>If the animal is not yet spayed/neutered, please explain medical reason and indicate anticipated date/age of spay/neuter: _______________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Is the animal fully housebroken and/or litterbox-trained? ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>District of Columbia Licensure (For Dogs Only)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The District of Columbia requires that all dogs residing in the District of Columbia over the age of four (4) months be licensed. The license is granted with proof of sterilization (spay/neuter) and rabies and distemper vaccinations, and must be obtained from and submitted directly to the DC Department of Health in person or online. If approved, the DC Department of Health will issue a license and tag for the dog to wear on its collar at all times.</td>
<td></td>
</tr>
<tr>
<td>District of Columbia Dog License #: __________</td>
<td></td>
</tr>
<tr>
<td>Effective Date of DC Dog License: ______________</td>
<td></td>
</tr>
<tr>
<td>Expiry Date of DC Dog License: ________________</td>
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</tbody>
</table>

Please attach a copy of the signed DC Dog License & photocopy of tag issued by the District
### Animal Vaccination Information

(please list below and attach veterinary records)

<table>
<thead>
<tr>
<th>Canine Vaccinations</th>
<th>Date Given</th>
<th>Date Due</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

- ☐ Bordatella
- ☐ DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona) – Required
- ☐ Rabies - Required

<table>
<thead>
<tr>
<th>Feline Vaccinations</th>
<th>Date Given</th>
<th>Date Due</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

- ☐ FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)
- ☐ FeLV (Feline Leukemia)
- ☐ Rabies

<table>
<thead>
<tr>
<th>Other Animal (specify):</th>
<th>Date Given</th>
<th>Date Due</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

- ☐ Vaccination: ____________________________
- ☐ Vaccination: ____________________________
- ☐ Vaccination: ____________________________

### Veterinary Provider Information

(to be signed by treating veterinarian)

- ☐ I verify that the above-named animal, ____________________________, has all current vaccinations as required by the District of Columbia, and that all of the above vaccinations will remain current through at least one year from today's date.
- ☐ I verify that the aforementioned animal is in good health and that the above named owner/handler, ____________________________, is able to maintain appropriate control and direction over the animal at all times.

Veterinarian Name: ____________________________________________
License #: __________________________________________ State: _________________________
Business/Clinic Name: __________________________________________
Address: ______________________________________________________
Phone: _________________________________________________________
Email: _________________________________________________________
Veterinarian Signature: ________________________________________ Date: _____________

**Photograph:** Attach a current photograph(s) of your animal that clearly depict its face, body, and any usual markings. This will be used for assistance in locating in the animal if needed.
Emotional Support Animal
Disability Accommodation Application Request
Form for University Housing: Section G

For University Use Only

<table>
<thead>
<tr>
<th>G. For University Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corresponding Office:  ☐ Office for Students with Disabilities (OSWD)  ☐ Equal Opportunity Programs (EEO)</td>
</tr>
<tr>
<td>Date All Forms Received: _____________________________________________________</td>
</tr>
<tr>
<td>Staff Member Receiving: ______________________________________________________</td>
</tr>
<tr>
<td>Individualized Assessment Date: ________________________________________________</td>
</tr>
<tr>
<td>Accommodation Approved? ☐ Yes  ☐ Yes with Conditions (described below)  ☐ No</td>
</tr>
<tr>
<td>Contingent Conditions for Accommodation Approval: ________________________________</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Date of Accommodation Approval: _________________________________________________</td>
</tr>
<tr>
<td>Date of Accommodation Expiry: _________________________________________________</td>
</tr>
<tr>
<td>Due Date for D.C. Licensure Renewal (if dog): ________________________________</td>
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<tr>
<td>Notes:  ____________________________________________________________________</td>
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