

Accommodation Process for Comfort Animal in Campus Housing

Fall 2019

According to UNT Policy 16.002, accommodation requests for a comfort animal must be filed with the Office of Disability Access. The accommodation request must document the link between the presence of the comfort animal and a documented disability. Generally, dogs and cats are commonly used as comfort animals; although other animals may serve in this capacity. For the health and safety of residents, the University is not required to accept snakes, reptiles, ferrets, rodents, sugar gliders, or spiders since these animals cannot meet vaccination requirements to be certified as disease free.

Approved comfort animals **must be contained within the campus housing unit of the owner**, except when transported outside the residential area in an animal carrier or controlled on a leash or harness. Comfort animals are not permitted in any other university facilities.

The specific steps for requesting a Comfort Animal are as follows:

1. A student must submit all completed applicable forms and accompanying vaccination documents to the Office of Disability Access which includes:
 - a. ODA Registration Form by logging into [ODA Online Student Services](#) (if new to ODA).
 - b. Comfort Animal in Campus Housing Accommodation Request Form
 - c. Comfort Animal in Campus Housing Documentation Form
 - d. Annual Verification of Vaccination/Animal Health Form and accompanying documents (see attached *Verification of Comfort Animal Vaccination/Health Information*) - this information will be shared with the Office of Housing and Residence Life
2. A student should provide recent documentation of the disability and disability-related need for a comfort animal from a qualified provider (treating psychiatrist, psychologist, or other mental health professional). Documentation should include recommendations for accommodations that are directly related to the functional limitations, including a rationale explaining why each recommendation for accommodation is appropriate.
3. Requests for comfort animals will reviewed on an individualized basis.
4. Students will be notified of the committee's decision by their assigned Student Services Coordinator by email. If the request is approved, the Office of Housing and Residence Life will notify the student of any applicable housing policies and owner responsibilities.
5. The ODA will also submit the following information to the Office of Housing and Residence Life for compliance purposes. Student will be responsible for updating this information annually with the Office of Housing and Residence Life.
 - a. Annual Verification of Vaccination/Animal Health Form – to be completed only by licensed Veterinarian
 - b. Picture of the Certificate of Registration with city of Denton
 - c. Picture of rabies tag
 - d. Vaccination certificate/Shot Record
 - e. Current color picture of animal
6. Incomplete applications and documentation will not be reviewed, and students will be notified by his/her Student Services Coordinator. Questions about the forms or information required should be addressed to ODA.

7. A denied request for this accommodation may be appealed by filing a complaint with the ADA Coordinator in the Office of Institutional Equity and Diversity located in Hurley Administration Building Room 175. The office may also be reached at (940) 565-2759 or via email at oeo@unt.edu.

Documentation Criteria

Documentation of a significant mental health disability and the associated need for a comfort animal should come from a mental health provider with whom an established provider-patient relationship exists and can explain how the presence of the animal may help to alleviate one or more symptoms or effects of the disability.

ESA/Comfort Animal certificates, ID badges, vests, online registries, etc., are not necessary nor considered in the approval process of an ESA. Please consider this information before spending money on the purchase of such letters, as they will rarely provide the information necessary to support a Comfort Animal/ESA request, and are not viewed by the institution as a reliable source of information.

Completed forms can be submitted to ODA via email at Apply.ODA@unt.edu (preferred) **OR** mail, fax, or deliver in person to: UNT ODA, Sage Hall 167, 1155 Union Circle #310770, Denton, TX 76203, Fax: 940.369.7969, Phone: 940.565.4323

Responsibilities of Comfort Animal Owner

It is an expectation of the ODA and the Office of Housing and Residence Life that you will review and abide by UNT Policy 16.002, Office of Disability Access guidelines, and Department of Housing and Residence Life policies, procedures, and community standards.

The comfort animal owner's responsibilities and examples of what may result in removal of a comfort animal can be found in UNT Policy 16.002 (refer to the policy at https://policy.unt.edu/sites/default/files/16.002_ServiceComfortAnimals_2014.pdf for specifics). Please be sure to review any additional policies, procedures, and community standards of the Office of Housing and Residence Life.



Comfort Animal in Campus Housing Accommodation Request Form

(To be completed by student)

First Name: _____ MI: _____

Last: _____ Student ID#: _____

Phone: _____ Email: _____

Classification: _____ Residence Hall and Room Number: _____

What is your disability(ies)? _____

When was your disability diagnosed? _____

Section 2

Species of animal which you wish to keep in Campus housing: _____

Approximate measurements of animal in inches Length: _____ Width: _____

Height: _____ Approximate weight in pounds: _____ Age in years: _____

Name of your animal: _____ How long have you owned it: _____

When was your animal last vaccinated: _____

**How does your disability affect you in a residential setting? How would having this animal address that barrier?
(You can answer on a separate page, if you need additional space.)**

By signing below you are acknowledging that the information provided on this form is true and accurate; and that you will review and abide by UNT Policy 16.002, Office of Disability Access guidelines, and Department of Housing and Residence Life policies, procedures, and community standards. Further, if your animal is approved you consent to our office disclosing this accommodation to administrators or other staff in UNT Housing who have a need to know.

Student Signature: _____ Date: _____



Comfort Animal in Campus Housing Documentation Form

(To be completed by student's treating professional, a licensed Psychologist, Psychiatrists, LPC,
or other qualified individual not related to student)

Patient First Name: _____ Middle Name: _____

Patient Last Name: _____ Date of Birth: _____

Diagnosis: _____

Severity? Mild: _____ Moderate: _____ Severe: _____

Date you first treated this individual: _____ Date you last treated this Individual: _____

Is the student currently under your care? Yes: _____ No: _____ Date of Diagnosis: _____

How did you arrive at your diagnosis? Please check all that apply.

Behavioral Observations Developmental History Educational History

Medical History Clinical Interview (Structured or Unstructured)

Interviews with Others Rating Scales

Other – Please specify: _____

Type of Animal Being Prescribed: _____

What functional limitations are present as a result of this individual's disability? How do these limitations impact the individual's ability to perform major life activities and have equal use and enjoyment of the residential facility?

What symptoms will be reduced by having the comfort animal live with the student? Why is it necessary for the student's wellbeing and disability to have a comfort animal in order to have access to campus housing?

What evidence is there that a comfort animal has helped this student in the past or currently?

What consequences, in terms of disability symptomology, may result if this accommodation is not approved?

Healthcare Provider Information

Provider Name (Print): _____

Title: _____

Name of Practice/Company: _____

License or Certification #: _____

Address: _____

Phone: _____ FAX: _____

Signature of Treating Professional: _____ Date: _____

Verification of Comfort Animal Vaccination/Health Information

The following information regarding your comfort animal must be submitted to the ODA with your original request for a comfort animal in order to verify the health and appropriateness of the comfort animal you are requesting. This information will be shared with the Office of Housing and Residential Life. The comfort animal itself must be approved before it moves into on-campus housing.

- 1) **Annual Verification of Vaccination/Animal Health Form** – to be completed only by licensed Veterinarian
- 2) The following **MUST** be submitted with the Annual Verification
 - a. Comfort Animal in Campus Housing Documentation Form
 - b. Annual Verification of Vaccination/Animal Health Form – to be completed only by licensed Veterinarian
 - c. **Picture of Certificate of Registration with city of Denton**
 - d. Picture of rabies tag
 - e. Vaccination certificate/Shot Record
 - f. Current color picture of animal

NOTE: Your comfort animal's vaccination and health status will have to be verified annually. You will be required to update and submit documents listed above to the Office of Housing and Residential Life each August at least 14 days before the animal moves into on-campus housing. Your comfort animal will not be allowed back on campus until these documents have been submitted and you receive confirmation from the Office of Housing and Residential Life to move your comfort animal in.

It is an expectation of the ODA and the Office of Housing and Residential Life that you will review and abide by university policy as outlined in Chapter 16, Section 002, Office of Disability Accommodation guidelines, and Office of Housing and Residence Life policies, procedures, and community standards.

Please refer to the Office of Housing and Residence Life website or staff for information regarding their policies, procedures, and community standards.



Annual Verification of Vaccination/Animal Health Form

Section 1: (To be completed by student)

First Name: _____ MI: _____

Last: _____ Student ID#: _____

Phone: _____ Email: _____

Section 2 (To be completed only by licensed Veterinarian)

Species/Breed of animal: _____ Age in years: _____

Date you last examined this animal: _____

When was this animal last vaccinated or determined to be in good health? * _____

* Please attach vaccination certificate/shot records or health records (if vaccination not required due to species)

- In your opinion, is this animal healthy? Yes ___ No ___
- Does the animal have fleas, ticks, other parasites? Yes ___ No ___
- Would animal function well enclosed in a college dorm room for long periods of time? Yes ___ No ___
- Have you been made aware or have record of animal's potential to bite or harm others? Yes ___ No ___
- Does the animal have rabies or any other condition that could harm humans? Yes ___ No ___

Please verify any training (formal or informal) that you are aware of which qualifies this animal to be classified as a comfort animal.

Is there anything else you would like us to know about this animal? Or if you indicated yes to animal's potential to bite or harm others, please explain.

Veterinarian Information

Provider Name (Print): _____

Title and License #: _____

Name of Practice/Company: _____

Address: _____

Phone: _____ FAX: _____

Signature of Veterinarian _____ Date: _____