

SUNY MORRISVILLE

— EST. 1908 —

Emotional Support Animal **REQUEST** Form

Phone (315) 684-6349

Academic Year: 2021-2022

In order to apply for an **Emotional Support Animal** in SUNY Morrisville college housing, please insure that the following documentation is provided with your application:

Complete (**TYPE responses**) & submit the following documents to the **Accessibility Services Center** at: ASCTesting@morrisville.edu.

1. **Emotional Support Animal Request Form**
2. Signed/dated **ESA Animal Agreement Form**
3. **Your Doctor's diagnostic letter OR this form** is completed, signed/dated
4. **The Veterinarian's form** is completed, signed/dated with current, up to date **vaccination records** included
5. A **color photograph** of your animal
6. Have your **room mates** (if applicable), email the Director of Resident Life, **Elizabeth Ackman** at ackmaner@morrisville.edu, granting approval for an animal in the shared residence.

Please note that both the Accessibility Services Center & the Office of Resident Life will do our very best to accommodate your needs but understand that not all specifics may be met and/or approved based on demand & resources.

Section A: Student Information * (**STUDENT complete**)

Student Legal Name:

Date:

Date of Birth:

Student M# or Morrisville ID:

Home Address:

Cell Phone Number:

SUNY Morrisville Email:

Transfer Student? If yes, list your previous institution:

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Section B: Animal Information * (**STUDENT complete**)

Type of Animal: Dog Cat Other

Animal Name: Color: Breed:

How long have you had your animal?

RESPONSIBILITIES for Your Animal:

1. I accept **all financial responsibility** associated with my pet.
2. I accept **FULL personal responsibility for the actions of my pet.**
3. I agree to provide **FLEA protection** & assume responsibility for any remediation
4. I agree to pick up any **pet WASTE & to provide a CLEAN environment** for the campus.
5. I have read & understand **the ESA Animal Agreement** (please submit the signed Agreement along with this request form)
6. Confirm that your pet has been **SPAYED or NEUTERED**
7. Confirm that the animal has been received all proper vaccinations (**SEE BELOW**)

INITIALS

I acknowledge that the pet will be REMOVED from housing if:

1. If my pet is **NOT** under my direct physical control (no other party will manage your pet)
2. If the pet's behavior is disruptive to its surroundings and/or other members of the Community.
3. The animal poses a **direct threat** to the health & safety of others.
4. I fail to comply with any of the responsibilities outlined in the *Emotional Support Animal Policy* on our SUNY Morrisville website.

Students requesting accessibility related housing accommodations should **first go through the standard Residential Services housing process.**

The Office of Residential Life reserves the right to take administrative action if deemed appropriate to resolve cases of disruption or risk to the community, individuals, or the animal. This could include but not be limited to neglect, abandonment, or inability to take care of the animal properly. Each situation will be reviewed through individual assessment.

Student Signature

Date

(I understand & will abide by ESA Policies & Responsibilities)

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Section C: Disability Information * (**STUDENT complete**)

1) Please indicate your current documented disabilities/diagnoses (check **ALL** that apply):

<input type="checkbox"/>	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADHD)	
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/> Blind/Visual Impairment
<input type="checkbox"/>	Deaf/Hard of hearing	<input type="checkbox"/> Physical Impairment
<input type="checkbox"/>	Traumatic Brain Injury (TBI)	
<input type="checkbox"/>	Autism Spectrum Disorder	
<input type="checkbox"/>	Chronic Medical Condition (please specify):	<input type="text"/>
<input type="checkbox"/>	Mental Health (please specify):	<input type="text"/>
<input type="checkbox"/>	Other:	<input type="text"/>

2) Describe how your disability impacts your functioning in the following:

a. Social/Personal/Living environment:

b. Mobility around campus or community:

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Section D: Licensed Medical Professional * (**DOCTOR complete**)

Student Name:

Student Date of Birth:

1. What is the student's DSM-V DIAGNOSIS & what are the functional LIIMITATIONS this person experiences due to this diagnosis?

2. How LONG & how FREQUENTLY have you been working with the student regarding this diagnosis?

3. Please describe specific SYMPTOMS that may be reduced by this Accommodative Housing Request?

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Section D: Licensed Medical Professional * (continued – DOCTOR complete)

4. Does the student have a follow up appointment scheduled with your office?

YES, if so when:

NO

5. Is the student's disability **TEMPORARY**?

YES

NO

6. In your professional opinion, can you recommend any alternative accommodations to meet this student's needs?

Please provide **CONTACT INFORMATION, Sign & Date this form plus email to:**

CAMPUS ADDRESS

SUNY Morrisville
Accessibility Services Center
202 Butcher Library
Morrisville, NY 13408
315-684-6349
ASCTesting@morrisville.edu

HEALTH CARE PROVIDER INFORMATION

Name: _____
Address: _____
Phone: _____
Email: _____
License #: _____
Signature: _____
Date: _____

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Section E: Animal Health Care Provider * (**VETERENARIAN complete**)

Type of Animal: Dog Cat Other

Animal Name: Color: Breed:

How long have you cared for this animal?

Confirm that this pet has been spayed or neutered:

Please provide a BEHAVIORIAL assessment of this pet as residence in a controlled collegiate environment will be forthcoming. Please base your assessment on current standards of discipline per your professional opinion.

Please provide CONTACT INFORMATION, Sign/Date this form plus provide current, up to date VACCINATION records for the animal. Email BOTH documents to:

CAMPUS ADDRESS

SUNY Morrisville
Accessibility Services Center
202 Butcher Library
Morrisville, NY 13408
315-684-6349
ASCTesting@morrisville.edu

ANIMAL HEALTH CARE PROVIDER INFORMATION

Name: _____
Address: _____
Phone: _____
Email: _____
License #: _____
Signature: _____
Date: _____

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Section F: Consent to Exchange Information * (**STUDENT complete**)

I hereby **give consent** for the Accessibility Services Center at SUNY Morrisville to access and share my accessibility information to the parties below for **more comprehensive care** during my tenure at SUNY Morrisville (please CHECK):

Faculty, Advisors, EOP/CSTEP, Athletics, Tutoring, the Health Center, the Counseling Center, Administration, Office of Student Rights, **Resident Hall Director**, Diversity/Equity/Inclusion

No, I do not consent to share my information.

I understand that by federal law, I need not consent to release of this information; that this consent is valid until I choose to withdraw it at any time by submitting a written request to the Office of Accessibility Services.

Student signature:
(for CONSENT)

Date:

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Section G: Emotional Support Animal Procedures

Students who request support services must identify themselves to the Accessibility Services Center at SUNY Morrisville. To verify eligibility, documentation must be provided that clearly indicates the presence of a disability that limits a major life activity, the functional impact of the disability on the pursuit of post-secondary education, and justification of the need for accommodations. The Accessibility Services Center along with the Director of Residential Life will determine eligibility for services based on the quality of the submitted documentation.

If students fail to self-identify and/or provide adequate documentation of a disability, they will be unable to access services/accommodations. Early identification is encouraged.

Note: Residential Life will make every effort to accommodate housing requests for students with a disability or medical condition after room assignments are made; however, some accommodations may be limited by housing availability.

Upon completion, please EMAIL this form to: ASCTesting@morrisville.com along with the **ESA Animal Agreement. The ASC will then promptly register you, inform all proper parties (copying you on all correspondence) & then support you throughout your academic year at SUNY Morrisville. Thank you!**

OFFICE USE ONLY

Date **ESA Request** Form Received: **ESA Animal Agreement** Form

Date **ESA Documentation** Received: **CHECK: Doctor** Form:

Vet Form: **Vaccination** Record

Animal Photograph

ASC Office Personnel Signature: **Date:**

Resident Life Staff Signature: **Date:**

CONSENT: YES NO