



Student Accessibility Services

Application for Requesting a Medically Required Assistance Animal

Page 1- To be completed by student Page 2- To be completed by medical professional Pages 3-4- To be completed by Veterinarian

This section must be filled out by the Requester.

Student Name: _____

ID Number: _____

Canisius Email Address: _____

Phone Number: _____

Student Permanent Address: _____

Housing Assignment: *(Please provide your housing assignment information if have already being assigned)*

Building: _____ Room Number: _____ Room Type: _____

Type of Animal: _____ Color: _____

Age of animal: _____ How long have you had the animal? _____

Animal's Name: _____

Please provide photo of animal when submitting this form

Student's Signature: _____ Date: _____

Consent for Release of Information (to be completed by student):

I authorize _____ (healthcare provider's name) to disclose the information requested on this form to Canisius University for the purpose of evaluating my request for housing accommodations. I authorize both parties to discuss information, as needed, related to my request.

*This release is effective for 1 year from the date signed.

Student Name: _____

Date of Birth: _____

Student Signature: _____

Date: _____



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Application for Requesting a Medically Required Assistance Animal

This section must be completed by the medical (MD, DO, NP, PA) or mental health (licensed psychiatrist, psychologist or counselor) provider primarily responsible for treating the student.

Instructions for Provider Completing this Form: Please answer each question on the form thoroughly, as this information will be used in determining how to most appropriately address the student's request for an assistance animal.

Student Name: _____

Primary Diagnosis and Date of Diagnosis: _____

Secondary Diagnosis and Date of Diagnosis: _____

How long has this student been under your care? What was the date of the most recent evaluation related to this condition?	
Explain how the animal helps alleviate the impact of the condition.	
What other treatments, aside from the use of an assistance animal, have been used to reduce symptoms?	
Are there specific negative impacts of the person's not having the animal with them: In residence/living space? In specific situations or contexts (please describe the situations or contexts)?	



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<p>If the use of an Emotional Support Animal is a new approach, or for a fluid condition, provide a date at which the effectiveness or ongoing need should be confirmed.</p>	
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Please Initial One of the Following:

_____ I believe this request for an emotional support animal is medically necessary. I believe that without it, one or more major life activities would be substantially limited.

_____ I believe this request for an emotional support animal is a reasonable preference but not medically necessary. While it may be beneficial, it will not substantially limit major life activities if it is not granted.

_____ There is insufficient evidence to support the need for this emotional support animal at this time.

Additional Comments:

Provider Name and Credentials: _____

Signature: _____

License # / State: _____

Address: _____

Phone: _____ **Fax:** _____

Medical Office or Provider Stamp:

Completed forms and supporting information can be returned with the student



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This section must be completed by the licensed Veterinarian

Student Name: _____

Animal Information

1. The requested animal is housebroken or confined in a manner that eliminates the need for housebreaking.

(Please circle one.)

YES

NO (Please provide more information)

2. The requested animal has received all required vaccinations.

(Please circle one.)

YES (Appropriate vaccination records must be attached)

NO (Please provide more information)

3. The requested animal is in generally good health and free from contagious conditions.

(Please circle one.)

YES

NO (Please provide more information)

4. The requested animal has any medical or special care requirements (e.g., medication, dietary restrictions, etc.).

(Please describe in detail.)

5. The requested animal requires specific equipment or supplies for care (e.g., bedding, crate, food, grooming tools, etc.). (Please list all necessary equipment.)

6. The requested animal can comfortably reside in an on-campus housing environment without negatively impacting its health.

YES

NO (Please provide more information)



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7.The requested animal does not exhibit any behaviors that could disrupt the living environment or interfere with the enjoyment of on-campus housing for roommates or other students (e.g., excessive barking, aggression, anxiety).

YES

NO (Please provide more information)

8.The animal is familiar with or trained to perform specific tasks that support the student’s medical needs.

(Please provide details about the training or tasks performed.)

Please provide your contact information, sign and date this questionnaire, and return to the student.

Name: _____

Address: _____

Fax and/or Email Address: _____

Telephone Number: _____

Professional Signature: _____ Date: _____

The student should submit this form to:

**Canisius University
Student Accessibility Services
2001 Main Street
Buffalo, NY 14208
Golisano Center for Student Success
Phone: 716-888-2485
Email: access@canisius.edu**