



**Please Return to Student Accessibility Services (SAS):**

350 New Campus Drive  
Albert W. Brown Building  
Brockport, NY 14420-2914  
[sasoffice@brockport.edu](mailto:sasoffice@brockport.edu)

Phone: (585) 395-5409 ♦ Fax: (585) 395-5291

## Application for Assistance Animal in the Residence Halls

Requests must be made in advance to Student Accessibility Services (SAS) to allow for a thorough review. This request should be made the preceding June 1 (for incoming students), or by April 1 (for continuing students) for the following academic year. The student must submit current licensing and vaccination documentation from the Veterinarian's office to supplement this request.

This request will be reviewed by a committee that is composed of representatives from the office of Residential Life/Learning Communities, Hazen Center for Integrated Care, and Student Accessibility Services. Appeals of the decision of this committee may be directed to the [Disability Accommodation Appeals Policy](#).

**There are individuals and organizations that sell service animal Assistance Animal/ESA certification or registration documents for Assistance Animals/ESAs online. These documents do not convey any rights under the [ADA](#).**

### Student Information

First:

Last:

Student ID#:

Email:

Phone:

### Animal Information

Assistance Animal's Name:

Breed/Type:

Gender:

Description of the Assistance Animal (color and markings):

First:

Last:

Student ID#:

By completing this form, you agree to the following:

### *Responsibilities of Handlers*

- Handlers agree to abide by all local/state/federal laws regarding the care and safety of animals.
- If there is any suspicion of animal cruelty, it will be investigated and reported to local authorities if warranted.
- No person owning or having the care, custody or charge of any dog shall permit such dog to be unrestrained. All dogs must be harnessed by a leash which shall not exceed 6' in length.
- The owner is responsible for curbing their pet and picking-up its waste.
- The owner is responsible for the cost of repair for any damage caused by their animal to college property including any expenses incurred due to the need for commercial pest control.
- No animals shall be disruptive to the learning, living, and working environment.
- As per the Americans with Disabilities Act, handlers of Animals classified as a Service Animal are not required to be registered with the University. The University does recommend that the handler of the Service Animal inform the Student Accessibility Services office of the handler's use of a Service Animal. This is for, in the event of an emergency, emergency personnel can be informed to look for the service animal.
- Handlers of an Assistance Animal must inform the Student Accessibility Services office and provide any reasonably requested documentation for the use of the Assistance Animal on campus grounds prior to the animal entering a campus building or athletic field.

### *Licensing*

Every person owning or harboring a dog must obtain and maintain a dog license according to state and local law. The license shall be attached to the collar or harness and worn continuously by the animal.

### *Vaccination and Health*

All animals on campus must be fully vaccinated in accordance with local law and ordinance, which shall include vaccination against rabies. Animals to be housed in college residence halls on campus must have an annual clean bill of health from a licensed veterinarian.

### *Removal*

Animals may be ordered to be removed by the Campus for being out of control, non-house broken, disrupting the learning, living, and/or working environment, or posing a direct threat to the health and safety of individuals.

### *Impounding*

- Animals at large may be apprehended and delivered to the Town of Sweden Animal Control. The policy of this agency will govern claiming of any animal.
- SUNY University at Brockport shall not be liable for any costs, fees, fines, or any other expenses associated with the impounding or claiming of any animal from the Town of Sweden Animal Control.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

First:

Last:

Student ID#:

### Provider and Treatment Information

The following documentation must be completed and signed by the licensed medical professional (i.e. primary care physician, D.O., licensed mental health counselor etc.) who has prescribed the accommodation and who was, and will be, engaged in an **ongoing therapeutic relationship** to provide treatment for the disability. (Please provide additional pages if necessary).

Name:

Practice Name:

Address:

Phone Number:

Signature:

Date:

Is this student currently in ongoing treatment with you? Yes No

Initial visit date:

Date of last visit:

Total visits:

### Evidence of the disability and the diagnosis related to the need of the assistance animal

Summary of treatment:

Symptoms/functional limitations for which treatment is needed:

Evidence of the **connection/nexus** between the diagnosis/symptoms/limitations and the recommendation for the assistance animal:

How the specific animal will remove barriers in the college environment for this student:

Evidence that the student will not be able to use and enjoy the residence hall or to participate in the services or program if an assistance animal is not approved:

Duration recommendation for the Assistance Animal recommendation (ex. 1 month, 1 semester, duration of college career lived in on-campus housing):