

RESIDENT REQUEST FOR EMOTIONAL SUPPORT ANIMAL
Bluffton University

Bluffton University accommodates the needs of its qualified residents with disabilities. We understand that a request for an emotional support animal (ESA) living in your residence is a request for a reasonable accommodation for a disability as defined under the Fair Housing Act.

Student Information

Student Name: _____
Campus Address: _____
Phone Number: _____
Email Address: _____
Move-in Date: _____

Process for Authorization

In order to obtain authorization for the presence of an ESA in your residence, you must complete the following steps:

1. Have Health Care Professional fill out and return the *Bluffton University Verification for Assistance Animal for Health Care Provider* form. This letter must:
 - (a) Be addressed to Jacqui Slinger, Disability Services Counselor
 - (b) Indicate that you are a qualified individual with a disability. A “qualified individual with a disability” is an individual who has a physical or mental impairment which substantially limits one or more of his/her major life activities. (The definition also includes those who are regarded as having such an impairment or have a record of such impairment.)
 - (c) Indicate the type and description of the assistance animal.
 - (d) Indicate that the assistance animal is necessary as a result of a disability.
 - (e) Indicate the anticipated length of the disability.

2. Return the form to Jacqui Slinger, Disability Services Counselor.

Animal Identification

Type of animal _____ Breed _____
Age _____ Approximate Weight _____ Color _____

Describe any special training or certifications: _____

Has the animal ever been reported to authorities (police, animal control) for any incident or for

any reason? _____ If yes, please provide details. _____

Emergency Contact Information for Animal Care

Emergency Contact Name

Phone #1

Phone #2

Relationship to Owner

Address

City/State

Zip

Veterinarian Contact Information

Veterinarian Name

Phone

Business Name (Where Applicable)

Address

City/State

Zip

Please attach copies of appropriate vaccination documentation and current veterinary Health Certificate to this form.

Affirmation/Acknowledgment

Sign below, signifying your agreement to the following:

1. I agree that the designated ESA is the only animal that will be kept on my premises.
2. I agree that I am responsible for any damage caused by the animal.
3. I agree that the animal will be under my control at all times.
4. I represent that I am an individual with a “disability” as defined by The Fair Housing Act, 42 U.S.C. § 3602, for whom this particular animal is an assistance animal.
5. I have read, understand and agree to abide by all of the regulations outlined in the *Policy for Maintaining and Emotional Support Animal (ESA) within Bluffton University Residential Community*.
6. I have been given a written copy of the ESA policy and this agreement.
7. I understand that if I fail to meet the requirements in this agreement, Bluffton University has the right to remove the Emotional Support Animal and I will be required to fulfill my housing, academic and other obligations for the remainder of the housing agreement.
8. I understand that the presence of the ESA may be noticed by others visiting or residing in

University Housing. I agree that staff may acknowledge the presence of the ESA and explain that under certain circumstances Emotional Support Animals are permitted for persons with documented disabilities, without disclosing information related to the individual's specific disability.

Student Signature

Date

Director of Residence Life or Designee
(Print)

Date

Director of Residence Life or Designee Signature

Disability Services Counselor Approval

The above student has provided documentation that supports a request for an emotional support animal (ESA).

Counselor for Disability Services

Date

Please provide a photo of the animal.