

Emotional Support Animal Request Form

The Office of Disabilities Services evaluates requests for Emotional Support Animals (ESA) in Dakota State University owned housing. Approval requires that a student must have an impairment that rises to the level of a disability in that it substantially limits one or more major life activities, and Reliable Third-Party documentation stating the presence of an ESA will have therapeutic benefit in alleviating one or more of the identified effects of the disability.

We accept documentation from a Reliable Third-Party who has personal knowledge of the student through a professional relationship involving the provision of disability related services and who are practicing within their ethical, legal, and professional obligations. To consider requests for ESAs, the documentation provided should include the following specific components. The absence of one or more of these components should not be considered an automatic reason to disqualify the supporting documentation:

- **Format** – Reliable Third-Party documentation should be typed/printed on official letterhead, dated, and signed by a licensed and qualified professional (e.g. psychologists, neuropsychologists, psychiatrists, clinical social workers, licensed counselors, psychiatric nurse practitioners, and other relevantly trained healthcare professionals). It is also recommended that the Reliable Third-Party provide contact information and any professional licensing information. The documentation should include the student's name.
- **Contact Dates** - the date when the provider first met with the student regarding the condition and date of the last professional interaction with the student regarding the disabling condition.
- **Substantial Limitations** – a statement that the student has a physical or mental impairment that substantially limits one or more major life activities and describes the nature of the impairment (that is, how the student is substantially limited).
- **Type of Animal** – the type of animal that is requested and that is necessary for university housing.
- **The necessity of ESA** – a statement that the student needs the ESA because it provides therapeutic emotional support to alleviate a symptom or effect of the disability of the student and not merely as a pet. Please include specifically how the ESA mitigates the symptoms or effects of a disability. Documentation should be specifically written to provide support for an ESA in Dakota State University Housing.

Please also note the following:

- Approved Emotional Support Animals must be under the control of their handler, at all times.
- Emotional Support Animals may be excluded if they pose a direct threat to the health and/or safety of others. Emotional Support Animals that are not under the control of their owner/guardian or who disrupt other guests may be considered a nuisance and will be asked to leave. Nuisance behavior could be any of the following examples or any other behavior that disrupts other guests, patrons, students, or employees. Examples: consistent non-stop barking, growling, making noise, giving off offensive odors, chewing.
- The Emotional Support Animal handler must maintain sanitary conditions and clean any animal excretions (or eliminate waste) in public (or surrounding areas).
- An approval for an Emotional Support Animal only applies to housing and does not permit the owner to bring the animal to other areas on campus where pets are normally prohibited.
- The handler is responsible for all damage to apartments or University property associated with the Emotional Support Animal.



Today's Date: _____

Frist Name: _____ Last Name: _____

DSU ID#: _____ DSU Email: _____

Phone Number: _____ Campus Residence: _____

Your Hometown: _____ Date of Birth: _____

Your Class Year: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Type of Animal Requested: _____

What is the specific disability upon which this request is based? (Please attach documentation)

When was this disability diagnosed? (Please attach documentation)

What type of health care professional (counselor, doctor, etc.) provided this diagnosis? (Please attach documentation)

In your own words, please provide a brief explanation of how the requested animal relates to your ability to use and enjoy the living arrangements provided through the DSU Residence Life Office:



Please initial beside each of the following items and sign below to indicate your understanding of the Emotional Support Animal (ESA) request process at the University. You should discuss any questions you may have with the Disability Services Coordinator before signing and submitting this form.

_____ I understand that University residences have a no-pets policy. An ESA may be an accommodation under the Fair Housing Act, when necessary to afford an equal opportunity for qualified students to use and enjoy campus housing.

Note: ESAs will be approved for a student where the student has a physical or mental impairment that substantially limits one or more major life activities and the animal provides therapeutic emotional support to alleviate a symptom or effect of the disability of the student and not merely as a pet.

_____ I understand that I am required to acquire documentation from a health care provider who has personal knowledge through a professional relationship involving the provision of health care or disability related services and who are practicing within their ethical, legal, and professional obligations.

_____ I understand that the documentation I obtain should be typed/printed on official letterhead, dated, and signed by a licensed and qualified professional (e.g. psychologists, neuropsychologists, psychiatrists, clinical social workers, licensed counselors, psychiatric nurse practitioners, and other relevantly trained healthcare professionals). The documentation should further include the Relevant Third-Party's contact information and any professional licensing information. The documentation must include my name.

_____ I understand that because there may be significant differences in the therapeutic connections and level of care associated with different species, I may not substitute a different animal at a later point without first submitting a revised request form to DSU's Office of Disability Services. This may include providing associated documentation from my health-care provider.

_____ I understand that generally, only a single ESA will be approved, per qualified student, at any given time and that other live animals may not be brought onto campus to be fed to an ESA.

_____ I understand that the crate/cage that is used to contain the animal should be of a size that does not interfere with access or egress of other students in the room.

_____ I understand that an Emotional Support Animal will not be approved if it would pose an undue financial or administrative burden on the University; if it poses a direct threat to the health or safety of others; or would cause substantial physical damage to property that cannot be reduced or eliminated by reasonable accommodation.

_____ I understand that my ESA must be contained (caged or crated) any time I am out of the room, as breed necessitates.

Note: Generally, ESAs should be mature animals accustomed to being left alone for periods of time. In the case of a dog, it must be at least nine months of age to assure that it is reliably housebroken and has all of the shots necessary to make it safe to be around humans and other animals that may be in residence. Animals of any age that create a disturbance through noise or their behavior may not reside in the residence halls. An ESA may not be left alone overnight in University Housing, nor except in an emergency have its care assigned to any individual.

_____ I understand that the approval/denial of my ESA request will be sent to my University email address and that I have a right to appeal the decision by contacting the Vice President for Student Affairs.

_____ I understand that if DSU's Disability Services Coordinator determines that I qualify for the requested ESA, I am required to meet with the Residence Life, before bringing the approved animal to campus. At this mandatory meeting, I will be informed of my responsibilities within the residence hall (waste disposal, hygiene, behavioral control, vaccinations, etc.) and any necessary arrangements regarding roommates will be determined.

Note: An approved ESA is allowed only within your room in Housing and the common passage areas for entering/leaving your dwelling (e.g., hallways, elevator, and lobby) while always under your direct control (i.e., caged, carried, or leashed). ESAs are not permitted in other students' rooms or inside other campus buildings unless explicitly approved as a separate accommodation by the Office of Disability Services.

_____ I understand that I will not be charged a fee or deposit although I will be responsible for the costs to repair damages beyond ordinary wear and tear caused by the animal.

_____ I understand that an ESA brought into a campus residence before the proper approval process, as described above, is complete is a violation of University regulations and I will be subject to disciplinary action.

_____ I understand my role in the Emotional Support Animal request process and that I may check the status of my request by contacting the Disability Services Coordinator at DSU-ADA@dsu.edu or (605) 256-5121.

To be considered, the student making the request should return this completed form to the Office of Disability Services via email attachment (DSU-ADA@dsu.edu). Forms will be accepted up to 90 days before the desired start date. Please allow, approximately, one week to complete the review process. After this time frame, questions about the status of your request can be made via the above email.

Student's Signature

Date