

Introduction: Assistance Animal Health Professional Form

The University of Cincinnati (“University”) does not allow students to have pets in University housing. However, the University recognizes that the reasonable accommodation of an Assistance Animal is sometimes necessary to afford a student with a disability equal access to University housing. The need for an Assistance Animal due to a disability must be identified by a physician or a qualified mental health professional and approved through Accessibility Resources. Documentation must be provided by a qualified medical professional i.e., someone with direct experience specific to a disability diagnosis and approved through Accessibility Resources. For example, documentation from an Optometrist (eye specialist) denoting that a student has a mental health condition would not be accepted. A request to have an Assistance Animal in University housing is considered a request for an accommodation and will be reviewed on a case-by-case basis.

As a physician or qualified mental health professional within your respective field, you should be diligent in following your professional training, scope of practice, and ethics. When completing this form please consider: (1) Does the student making the request have a disability that substantially limits their ability to equally access campus housing?; and (2) Do you believe that the recommended animal serves a role in mitigating the impacts of the disability in ways that go beyond the benefits that a person receives from a pet?

A diagnosis or medical provider recommendation alone does not guarantee that the student’s housing accommodation request will be approved. Accessibility Resources considers the nature of the condition’s symptoms and all available accommodations and supports when making final decisions and recommendations. Accessibility Resources reserves the right to request additional documentation when making a determination.

Students with disabilities who are requesting an Assistance Animal must submit a formal request application that must include this form. Please complete this form to provide information and recommendations about the student request for an Assistance Animal in University housing.

We ask that you please complete this form electronically (type answers). If you have questions about this form or require assistance or accommodations to complete this form, please contact Accessibility Resources at 513-556-6823 or accessresources@uc.edu.

This form must be returned to the student for them to upload with their online request form.



Accessibility Resources
Division of Student Affairs
University of Cincinnati
PO Box 210213
Cincinnati, OH 45221-0213

210 University Pavilion
Tel: (513)-556-6823
Fax: (513)-556-1383

Assistance Animal Health Professional Form

Student's Name: _____

Date of Birth: _____

Animal Name: _____

Type of animal: _____

Age of animal: _____

The above-named student has indicated that you are the physician or mental health provider who has prescribed that having an Assistance Animal in University housing would be a significant factor in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About the Student's Disability

1. I, the undersigned diagnostic/treating professional, certify that the above-named student:
(Check One)

- Has a disability that meets the definition of a disability as defined by the American's with Disabilities Act and Section 504 of the Rehabilitation Act of 1973
- Has a medical condition that impacts them but does not rise to the level of a disability
- Does not have a condition that would require the requested accommodation

2. What is the nature of the student's disability? What is the diagnosis and how is the student substantially limited in a residential setting by this diagnosis or impairment?

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3. Does the student require ongoing treatment? Please explain.

4. How long have you been working with the student regarding this diagnosis?

5. How are the symptoms/disability currently being treated or controlled? Describe other medical treatments, therapies, devices, or regimens prescribed including compliance, and response to intervention.

Information about the Proposed Assistance Animal

6. Is this an animal that you specifically prescribed as part of treatment for the student? If so, please explain how the recommended Assistance Animal mitigates the symptoms association with the stated diagnosis.

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7. In your experience working with the student, is there evidence that an Assistance Animal has proved beneficial to mitigate symptoms associated with their disability? If so, please explain.

Importance of Assistance Animal to Student's Well-Being

8. In your opinion, how important is it for the student's well-being that the Assistance Animal reside on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

9. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

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CERTIFYING PROFESSIONAL

Name & Title: _____

Place of Employment: _____

Address: _____

Daytime Phone: _____

Fax Number: _____

Type of Specialty or license: _____

Signature of Certifying Professional

Date

Print Name

License #/State Date

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