



Support Animal Documentation Form

University of Northern Colorado

Student's Name:

Date:

In order to properly evaluate a student's request for a Support Animal in university housing, Disability Resource Center (DRC) staff at the University of Northern Colorado (UNC) rely on information provided by licensed healthcare providers who have insight into 1) the individual student's diagnosed disability and 2) the potential use of a support animal to address the functional limitations that result from the student's disability. A disability is defined as a physical or mental impairment that substantially limits one or more major life activities.

This form serves as a guide for individuals to submit disability-related information necessary for evaluating a student's request for a support animal in university housing. *Using this form is optional, as documentation can also be provided to DRC staff in a letter.*

Individuals submitting documentation must be licensed healthcare providers who 1) have first-hand, direct knowledge of the person's disability; 2) are not related to the individual by blood, adoption, marriage or domestic partnership; and 3) have sufficient expertise related to the individual's disability that qualifies that person to comment on the necessity of the individual having a support animal.

When completing this form please consider: Does the student making the request have a disability which substantially impacts their opportunity to use and enjoy a dwelling, and do you believe that the recommended animal serves a role in mitigating the impacts of the disability in ways that go beyond the benefits a person receives from a pet?

Health professionals completing this form in support of a request should be diligent in following their professional training standards, scope of practice, and applicable ethical codes and laws.

Upon completion, submit documentation by email (drc@unco.edu) or fax (970-351-4166). Please do not hesitate to contact the Disability Resource Center (Phone: 970-351-2289) with any questions or concerns. Your assistance with our evaluation of the student's request is greatly appreciated.

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Student Name (print): _____

- 1) Please describe the nature of your current relationship with the student, related to this request for accommodation (e.g., currently serving as patient’s healthcare provider).

- 2) Does this student have a physical or mental impairment that substantially limits at least one major life activity or major bodily function?
 Yes No

- 3) What type of animal is being recommended as a Support Animal?

- 4) Does the student currently need the animal because the animal either does work, provides assistance, or performs at least one task that benefits the patient because of his or her disability, or because it provides therapeutic emotional support to alleviate a symptom or effect of the disability--and not merely as a pet?

- 5) Is the student’s disability expected to be time-limited? If so, please indicate the specific date when you believe the impairment that necessitates the support animal should be re-evaluated:

If the support animal is a small, domesticated animal (e.g., dog, cat, bird, rabbit, hamster, gerbil, other rodent, fish, turtle or similar), please skip to the Attestation section at the bottom of this form. If the support animal being requested is NOT a small, domesticated animal, please answer questions six through nine below.

- 6) When was your last consultation with this individual related to their disability?

7) Please provide any unique circumstances justifying the patient’s need for this kind of animal.

8) Do you have reliable information about this specific animal? If so, please provide:

9) Do you specifically recommend this type of animal?

Attestation

By signing below, I am verifying that I have completed the form above and that my answers reflect my best honest judgment. I further attest that I am not related to the student and that I do not have any other conflict of interest in my evaluation of the student.

Printed Name: _____

Title: _____

State of licensure/Certification: _____

License/Certification Number: _____

Phone Number: _____

Fax: _____

Signature: _____

Date: _____

Upon completion, submit documentation to Disability Resource Center staff by emailing (drc@unco.edu) or faxing (970-351-4166).