Assistance Animal Request Form 1

Procedure for requesting an Assistance Animal in Campus Housing

All Assistance Animals must be approved prior to residing in campus housing. If approved, the student is allowed to have the specific animal named in the accompanying documents. If the student wishes to have a different animal, he or she must complete the approval process again. Assistance Animal requests may be denied if the animal poses a threat to the health and/or safety of staff or residents, the animal will cause damage to the property of others, the animal poses an undue financial or administrative burden to the college, or if the presence of the animal would fundamentally alter the operations of the residence hall (NSCS Policy 3700).

To request an Assistance Animal, the student must submit the following documents:

1. Assistance Animal Request
2. Assistance Animal Diagnosis Verification
3. Assistance Animal Veterinary Verification

After all of the documentation has been received, the CSC Disability Services Office will communicate their decision to you within ten working days. For students who have not yet obtained an animal to serve as their Assistance Animal, students should request conditional approval prior to obtaining the animal. Conditional approval may be granted upon receipt of the Assistance Animal Request and Assistance Animal Diagnosis Verification. Final approval will depend on a satisfactory Assistance Animal Veterinary Verification.

If approved, the student is required to complete an orientation with the Director of Housing or designee, and the student must complete the Assistance Animal Housing Agreement.

Section 1. Student Contact Information

Name: _____ NUID: _____

Email: _____ Phone Number: _____

Campus Address: _____

_____

Section 2. Animal Information

Animal's Name: _____ Is the animal housebroken? Yes☐ No☐ N/A☐

Breed: _____ If N/A, explain: _____

What training has the animal completed? Obedience☐ Other _____☐ None☐

Has the animal ever harmed or been aggressive toward people? Yes☐ No☐

If 'Yes,' please explain: _____

_____

Section 3. Certification Statement

My signature below denotes that I have read an understood the CSC Residence Life Handbook, CSC Residence Hall Contract, and Nebraska State College System Policy 3700. I certify that the information provided is true and correct to the best of my knowledge.

Student Signature: _____

Date: _____

For Disability Services Office Use Only

Documents	Received			Notes
Assistance Animal Request	Yes ☐	No ☐		_____
Assistance Animal Diagnosis Verification	Yes ☐	No ☐		_____
Assistance Animal Veterinary Verification	Yes ☐	No ☐		_____
Supporting Documentation	Yes ☐	No ☐	N/A ☐	_____

Approval	Completed			Notes
Conditional Approval	Yes ☐	No ☐	N/A ☐	_____
Request Approved	Yes ☐	No ☐		_____
Assistance Animal Orientation Complete	Yes ☐	No ☐		_____
Assistance Animal Housing Agreement	Yes ☐	No ☐		_____
Roommate Notification Complete	Yes ☐	No ☐	N/A ☐	_____
Assistance Animal Directory Updated	Yes ☐	No ☐		_____

Assistance Animal Diagnosis Verification Form 2

The individual named below has requested access for an Assistance Animal in college housing. Chadron State College provides academic services and accommodations to individuals with disabilities. Individuals seeking approval for Assistance Animals in college housing must provide appropriate medical documentation of their condition so that the CSC Disability Services Office can: a) determine eligibility for accommodations, and b) if eligible, determine appropriate accommodations.

Documentation required to verify the condition, severity, and functional limitations includes completion of this form or provision of equivalent information on official letterhead to the CSC Disability Services Office by a licensed mental health professional or medical professional.

Professionals completing this form must have first-hand knowledge of the condition, experience in working with students with disabilities, and ideally a familiarity with the physical, emotional, and cognitive demands experience by students in an academic setting.

Section 1. Student Release of Information (to be completed by the student)

I _____, hereby authorize the release of the following information as well as any pertinent documentation to the CSC Disability Services Office for the purpose of determining my eligibility for having an Assistance Animal in college housing.

Signature: _____ Date: _____

Section 2. Client Information

Client's Name (Last, First, MI): _____

Date of Birth: _____

Section 3. Certifying Professional (to be completed by the clinician)

Printed Name: _____

Credentials/Specialization: _____

License Type: _____

License #: _____ State: _____ Exp. Date: _____

Office/Practice: _____

Mailing Address: _____

City, ST, Zip: _____

Phone: _____ Fax: _____

Email: _____

Section 4. Diagnosis/Diagnoses

DSM or ICD Code(s): _____

Date of Onset: _____

Date of Diagnosis: _____

Date of client's last appointment: _____

How often does the client receive treatment? _____

What symptoms/challenges continue to impact the client's daily functioning?

_____

_____

Is an Assistance Animal a critical element of the current treatment plan you have developed with the client? Yes☐ No☐

What animal is prescribed?

_____

For how long has the animal been a prescribed part of the current treatment plan?

_____

How does/might an Assistance Animal reduce or alleviate current symptoms and better manage the client's disability? Include the relationship or nexus between the client's disability and the assistance the animal provides.

_____

_____

_____

Section 5. Clinician's Signature

Signature: _____

Date: _____

Return this document and any attachments to:

Chadron State College
Disability Services, LLC – 201
1000 Main St.
Chadron, NE 69337
Email: dkennell@csc.edu
Fax: (308) 432-6409

For questions or assistance in completing this form, please contact Deena Kennell, CSC Disability Services, at (308) 432-6467, at dkennell@csc.edu, or visit us in the Library Learning Commons, Office 201.

Assistance Animal Veterinary Verification Form 3

The individual named below has requested for an Assistance Animal in college housing. Individuals seeking approval for Assistance Animals in college housing must demonstrate that the animal is in good health; meets all federal, state, and local requirements; and poses no threat to others.

Section 1. Veterinary Practice Information

Veterinarian Name: _____

Clinic Name: _____

Mailing Address: _____

City, ST, Zip: _____

Phone: _____ Fax: _____

Email: _____

Section 2. Animal Information

Owner/Student Name: _____

Animal's Name: _____

Type of Animal: _____ Breed: _____

Color: _____ Age: _____

Weight: _____ Sex: _____

Spayed/Neutered: Yes☐ No☐ Microchipped: Yes☐ No☐

Chadron Dog License: Yes☐ No☐ License Number: _____

*Dogs under 6 months may not be licensed with the City of Chadron.

Section 3. Animal Health

Date of last De-worming: _____

Other prophylactic anti-parasitic treatments: _____

Canine vaccinations (check all that apply):

☐ DHLPP + C Next due: _____

☐ Bordatella Next due: _____

☐ Rabies Next due: _____

Feline vaccinations (check all that apply):

☐ FVRCP Next due: _____

☐ FeLV Next due: _____

☐ Rabies Next due: _____

Other animal vaccinations (check all that apply):

☐ _____ Next due: _____

☐ _____ Next due: _____

☐ _____ Next due: _____

Is the above mentioned animal in general good health? Yes☐ No☐

If 'No,' please explain: _____

Does the above mentioned animal pose a general threat to others' health or safety? Yes☐ No☐

If 'Yes,' please explain: _____

Section 4. Veterinarian's Signature

Signature: _____ Date: _____

State License Number: _____ Expiration: _____

Return this document and any attachments to:

Chadron State College
Disability Services, LLC – 201
1000 Main St.
Chadron, NE 69337
Email: dkennell@csc.edu
Fax: (308) 432-6409

For questions or assistance in completing this form, please contact Deena Kennell, CSC Disability Services, at (308) 432-6467, at dkennell@csc.edu, or visit us in the Library Learning Commons, Office 201.

Assistance Animal Housing Agreement Form 4

The Housing & Residence Life office has been notified by the CSC Disability Services Office you are approved to have an Assistance Animal in the residence halls. Please be aware your approved assistance animal is limited to your residence hall and outside areas throughout campus only. By signing this agreement, you agree to abide by the following requirements for having an Assistance Animal in the residence halls.

Any violation of the listed requirements may result in immediate removal of the animal from Chadron State College campus housing, which may include contacting the Chadron City Police to respond as needed.

Section 1. Assistance Animal Requirements

1. All animals must be appropriately house broken before residing in CSC Residence Halls.
2. All animals are subject to local, state, and federal laws. Canines must be licensed with the City of Chadron and properly restrained in public settings.
    a. Dogs under 6 months may not be licensed with the City of Chadron.
3. The student is responsible for properly containing and disposing of all animal waste in appropriate exterior waste receptacles. Please do not discard animal waste or supplies within the residence halls, including trash chutes and trash rooms. In order to protect flooring and furniture, water and food containers, litter boxes, crates, kennels, habitats, cages, and aquariums must be placed on a protective barrier (such as a mat or towel).
4. The student is responsible for ensuring the animal does not fundamentally alter the nature of the residence hall operation or cause difficulties for students who reside there.
    a. Animals must not make excessive noise, cause offensive smells, or create other disturbances.
    b. The student must be sensitive to residents with allergies and to those who fear animals by limiting the animal's presence around those residents.
5. The student is responsible for the hygiene, medical requirements, and overall general health of the animal. The student is responsible for providing current vaccination records and up to date animal photos to be maintained by the Housing & Residence Life Office.
6. The animal must not cause damage to the property of the college or property of other students. If the animal does cause damage, the student owner will be liable and financially responsible for the animal's actions. This includes, but is not limited to, any replacement of furniture, flooring, windows, or walls, as well as cleaning costs considered above the normal cleaning provided for rooms.
7. Animals may not be left overnight without the approved student present.
    a. The student must take the animal with them during holiday and academic breaks, or any other personal overnight travel.
    b. If the student is unable to take the animal with them, the student must arrange off-campus care.

c. Roommates and suitemates and Housing & Residence Life staff cannot be responsible for animals they are not specifically approved for.

8. Housing & Residence Life has the authority to relocate a student and the Assistance Animal as necessary.

Section 2. Animal Emergency Contact

All residents with an approved Assistance Animal are required to provide and keep updated contact information for an off-campus caregiver. In case of an emergency, if the animal is causing a disturbance or damage, or if it left unattended and the owner is unavailable, college staff will contact the off-campus caregiver to immediately retrieve the animal. If the off-campus caregiver is unavailable or unable to retrieve the animal, Chadron City Police may be called to impound the animal.

Name: _____

Phone Number: _____ Relation: _____

Address: _____

_____

Section 3. Release of Information

The Housing & Residence Life office will contact all students assigned to the suite/room in which an approved Assistance Animal will reside. No information will be given as to the need for the animal nor the nature of any disability. By signing this agreement, you authorize the Housing & Residence Life staff to notify all suitemates/roommates that you have an animal approved to live with you.

Student Acknowledgement

My signature below acknowledges that I have read, understand, and agree to abide by the above requirements.

Printed Name: _____

Student Signature: _____ Date: _____

Housing Official: _____ Date: _____