

Assistance Animal Recommendation Form

The student for whom you are completing this form has indicated that you are the treating provider who has suggested that having an assistance animal in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the their disability. So that we may better evaluate the request for this accommodation, please answer the following questions.

This form must be completed by a professional licensed to practice in the state of Ohio, or the student's home state.

Student Information

Name of Student: _____

Date of Birth: _____

Date of Last Contact: _____

How long have you been treating the above named student? _____

Does the student require ongoing treatment?

No Yes

Are you recommending an assistance animal as part of treatment for a disability?

No Yes

If yes, what type of animal are you recommending?

Dog Cat Other (please specify): _____

Describe the functional limitations of the student's disability:

Please explain specifically what benefit this animal will have on the above named student, and how it will assist in alleviating impacts of the student's disability:

Is there evidence that an assistance animal has helped this student in the past or currently?

No Yes

Assistance Animal Information

Name of Animal (if applicable): _____

Type of Animal: _____

Age of Animal if (applicable): _____

When discussing an assistance animal as part of treatment, it is important that you consider how you will monitor this treatment and determine if it is achieving the desired outcomes.

Please keep in mind, that Ohio University students are required to live on campus for two years (four semesters). Approval of an assistance animal will not exempt a student from this residential requirement. Under Ohio University policy, assistance animals are only permitted in the student's privately assigned living space or outdoors, as appropriate. We encourage you to discuss the environment the student will be living in, how they plan to care for the animal, and any potential exacerbation of symptoms related to the student's responsibility in caring for the animal in this environment.

HEALTHCARE PROVIDER INFORMATION

The information I have provided is accurate to the best of my knowledge and the condition for which I treat the student is within the scope of my professional licensure or certification.

Signature: _____ Date: _____

Print Name, Title, Credentials: _____

Address: _____

Phone: _____

Please return this information to Ohio University Student Accessibility Services.

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