



Application for Assistance Animal in the Residence Halls

SUNY Canton Office of Residence Life

34 Cornell Drive, Mohawk Hall, Canton, New York 13617

Requests must be made in advance to the Office of Residence Life to allow for a thorough review. This request should be made the preceding June 1 (for incoming students), or by April 1 (for continuing students) for the following academic year. **This request is for an Assistance Animal in the student's living area only.**

By completing this form, you agree that 1) any accommodations may be shared with Residence Life staff, 2) SUNY Canton may contact the Healthcare Practitioner that completed this form to discuss the request, 3) SUNY Canton may request that you set up an appointment with Health Services or Counseling Services staff at the college to discuss the request further.

Student's Name: _____

SUNY Canton ID Number: _____ Telephone Number: _____

Please check one: Are you a : New Student or Continuing Student

RESPONSIBILITIES OF PEOPLE WITH DISABILITIES USING SERVICE OR EMOTIONAL SUPPORT ANIMALS

SUNY Canton is not responsible for the care or supervision of service or emotional support animals even during an emergency. People with an assistance animal are responsible for the cost, care, and supervision of their animals, including:

- Compliance with any laws pertaining to animal licensing, vaccination, and owner identification;
- Keeping the animal under control and taking effective action when it is out of control; and
- Feeding and walking the animal, and disposing of its waste.

People who are accompanied by animals must comply with the same campus rules regarding noise, safety, disruption, damage, and cleanliness as people without an animal.

EXCEPTIONS AND EXCLUSIONS

SUNY Canton may pose restrictions on, and may even exclude, an assistance animal in certain instances. Any animal may be excluded from an area in which it was previously authorized to be if:

- it is out of control and effective action is not taken to control it;
- it is not housebroken (or in the case of a support animal that deposits waste in a designated cage or litter box, the owner fails to clean such cage or box such that the cleanliness of the room is not maintained); or
- it poses a direct threat to the health or safety of others that cannot be mitigated by reasonable modifications of policies, practices, or procedures, or the provision of auxiliary aids or services.
- it causes damage to College property or another student's personal property.
- it is left by its care taker overnight, whether alone or with another person.

In the event that restriction or removal of an animal is determined to be necessary, the person will still be given the opportunity to participate in the service, program, or activity without having the assistance animal present.

This request is for a specific assistance animal

Assistance Animal's Name: _____ Gender: Male Female

Assistance Animal's Type and Breed: _____

Description of the Assistance Animal (color and markings): _____

If applicable, please include documentation from the Veterinarian's Office of animal's updated vaccinations.

The following documentation must be completed and signed by the medical professional who has prescribed the accommodation.

The request must include documentation from a licensed medical professional (physician, psychiatrist, etc.) who has provided treatment for the disability. (Please provide additional pages if necessary.)

EVIDENCE OF THE DISABILITY AND THE DIAGNOSIS RELATED TO THE NEED FOR AN ASSISTANCE ANIMAL

Name and contact information of the medical professional making the diagnosis
Signature of the medical professional making the diagnosis
Date at which the diagnosis was first made
Dates of treatment
Symptoms for which treatment was needed
Treatments other than the use of an assistance animal which have been used for symptom reduction
Date on which the use of an assistance animal was prescribed

Evidence of the connection between the diagnosis/symptoms, the need for the assistance animal, and how the specific animal will benefit the student

Evidence that the student will not be able to use and enjoy the residence hall or to participate in the services or program if an assistance animal is not approved

Upon completion of this form, please return to:

John Kennedy, Director of Residence Life
Office of Residence Life
34 Cornell, Mohawk Hall
Canton, New York 13617
Fax: 315-386-7969

This request will be reviewed and a recommendation made to Residence Life by a committee that is composed of representatives from the Office of Residence Life, Counseling Services, Health Services, Office of Student Accessibility Services, and a Veterinary Science faculty member.

Appeals of the decision of this committee may be directed to the Dean of Students.

FOR OFFICE USE ONLY

Date passed to committee for recommendation: _____

Decision: Approved Denied **Date of Decision:** _____

Date Student Informed: _____