

APPLICATION FOR RESIDENTIAL ASSISTANCE ANIMALS

Requests must be made in advance to the Office of Residence Life to allow for a thorough review.

We encourage accommodation requests for an Assistance Animal to be submitted by the preceding June 1 (for incoming students), or by April 1 (for continuing students) for the following academic year. Decisions on completed applications typically take up to 6 to 8 weeks.

Please submit all of the attached forms with your completed application for review. All forms must be received in order for the request to be considered.

Please review the campus's policy on Service & Assistance Animals, located in the Student Handbook, for all rules and regulations related to having an animal on campus.

By completing this form, you agree that:

- Any accommodations may be shared with Residence Life staff;
- SUNY Canton may contact the Healthcare Practitioner that completed this form to discuss the request;
- 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; and
- SUNY Canton may disclose to potential roommates that you have been approved to have an animal in your residence hall room;
- You have reviewed the Service & Assistance Animals policy and agree to abide by it.

Student's Name: _____

Student's Signature: _____

SUNY Canton ID Number: _____ Telephone Number: _____

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

Assistance Animal's Name: _____ Gender of Animal: ☐ Male ☐ Female

Assistance Animal's Type and Breed: _____

Description of the Assistance Animal (color and markings):

FOR OFFICE USE ONLY

Date passed to committee for recommendation: _____

Decision: ☐ Approved ☐ Denied Date of Decision: _____

Date Student Informed: _____

MEDICAL ASSESSMENT RELATED TO THE NEED FOR AN ASSISTANCE ANIMAL

The following documentation must be completed and signed by the medical professional who has knowledge of your disability. The request should include documentation from a licensed medical professional (physician, psychiatrist, etc.) who has provided treatment for the disability. (Please provide additional pages if necessary.)

Student's Name: _____ Date: _____

SUNY Canton ID Number: _____ Telephone Number: _____

Name and contact information of the medical professional making the assessment_

- Name: _____
- Title: _____
- Phone: _____

Date at which the assessment was first made: _____

Dates of treatment: _____

Symptoms for which treatment was needed:

Date on which the use of an assistance animal was prescribed: _____

Evidence of the connection between the disability/symptoms, the need for the assistance animal, the student's established connection with this specific 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:

Signature of the medical professional making the assessment: _____

Date Signed: _____

Upon completion of this form, please return to:

John Kennedy, Director of Residence Life, 34 Cornell, Mohawk Hall, Canton, New York 13617

Fax: 315-386-7969

VETERINARY RECORDS FOR ASSISTANCE ANIMAL

The following documentation must be completed and signed by the licensed veterinarian.

Student's Name: _____ Date: _____

SUNY Canton ID Number: _____ Telephone Number: _____

Name and contact information of the veterinary practice:

- Name: _____
- Title: _____
- Phone: _____
- Veterinarian's Licence Number: _____

Type of Animal:

☐ Cat ☐ Dog ☐ Ferret ☐ Rabbit ☐ Rodent ☐ Other: _____

- **Cat:**
 - Name of animal: _____
 - Breed of cat: _____
 - Sex of cat: _____
 - Age of cat: _____
 - Date of Rabies Vaccine: _____
- **Dog:**
 - Name of animal: _____
 - Breed of dog: _____
 - Sex of dog: _____
 - Age of dog: _____
 - Date of Rabies Vaccine: _____
- **Ferret:**
 - Name of animal: _____
 - Sex of ferret: _____
 - Age of ferret: _____
 - Date of Rabies Vaccine: _____
- **Rabbit, Rodent, or other species:**
 - Name of animal: _____
 - Type of animal: _____
 - Age of animal: _____

Signature of the veterinarian: _____

Date Signed: _____

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