#  accommodativeservices@paulsmiths.edu

# (518) 327-6415

**DISABILITY ACCOMMODATION VERIFICATION FORM**

**FOR EMOTIONAL SUPPORT ANIMALS (ESA)**

To the mental health care provider:

A Paul Smith’s College (PSC) student has indicated that you are the (physician, psychiatrist, social worker, mental health professional) who has suggested that having an Emotional Support Animal (ESA) with the student in Paul Smith’s College Housing would be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. So that we may begin the process of determining whether to grant or deny the approval for the student to have an ESA as an accommodation in PSC Housing, please provide detailed answers to the following questions. Thank you for your assistance and input.

**PLEASE REVIEW THE STUDENT’S DISABILITY ACCOMMODATION REQUEST AND ANSWER THE FOLLOWING QUESTIONS**:

*The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population. The definition also takes into account any mitigating measures, such as medication or other treatment or therapies, the person is employing that may relieve the substantial limitations caused by the impairment. If the mitigating measure(s) eliminates the substantial limitations caused by the impairment, the person does not have a disability.*

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Does the resident have a disability under this definition? \_\_\_\_ Yes \_\_\_\_No

Mental Health DSM Diagnosis: Date of Diagnosis: \_\_\_\_\_\_\_\_\_\_\_

Primary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tertiary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prognosis of Condition: ⁭  Permanent  Temporary Time Frame: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total #Visits: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the above-named student completed treatment?

 Yes Treatment End Date: \_\_\_\_\_\_\_\_\_\_

 No Date of Last Contact with Student: \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you referred the student for continuing treatment?  Yes  No

If yes, provide contact information of the individual or agency:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the type of treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Please identify the resident’s impairment(s) and describe how each impairment substantially limits his/her ability to perform a major life activity as compared to most people in the general population:

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3. Please identify if the resident is using any measure (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairment and, if so, if the mitigating measure(s) eliminates the substantial limitations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Please explain how the accommodation is necessary for the resident to use and enjoy College housing as compared to a person without a disability.

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5. Please identify any other accommodation that may be equally effective in allowing the resident to use and enjoy College housing:

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 **Information about the specific animal being proposed as an ESA:**

*According to the Fair Housing Act, emotional support animals “provide emotional support to persons with disabilities who have a disability-related need for such support.” Under the FHA, individuals with a disability may be entitled to keep an emotional support animal as “a reasonable accommodation in housing facilities.” In order to qualify for such an accommodation, the emotional support animal “must be necessary to afford the individual an equal opportunity to use and enjoy a dwelling or to participate in the housing service or program. Further, there must be a relationship, or nexus, between the individual’s disability and the assistance the animal provides.”*

6) A description of the animal (breed, size, gender, age)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) The name of the animal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8) Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you feel would have a beneficial effect for the student while living in PSC Housing?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9) What symptoms does the student have that will be reduced by having this animal as an ESA in PSC Housing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10) What evidence is there that an ESA, not a pet, has helped this student in the past or currently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11) In your opinion, what is the importance for the student’s well-being to have an ESA in PSC Housing? Additionally, what consequences, in terms of disability symptomology, may result if the accommodation is not approved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12) Have you discussed with the student the responsibilities associated with properly caring for an ESA while the student is engaged in typical college activities and residing in PSC Housing? \_\_\_\_\_\_\_\_\_\_

13) Please review the list of “**Student-Owner’s Responsibilities for the approved Emotional Support Animal”** which is attached to the end of this form**.** In what ways might these responsibilities exacerbate the student’s symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Treating Professional (PRINT LEGIBLY):

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specialization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree/Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Licensed Professional Date

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having an ESA in PSC Housing might be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to

carefully consider the impact of the request for an ESA on both the student and the campus community**.**

Please return this signed document to:

Medical, Academic, & Psychiatric Committee (MAP)

**Vanessa Case *Chair of MAP Committee***

Center for Accommodative Services

7833 State Route 30 – P.O. Box 265

Paul Smiths, NY 12970

e: accommodativeservices@paulsmiths.edu

f: (518) 327-6369

**Student-Owner’s Responsibilities for the approved Emotional Support Animal**

When an accommodation for a student-owner to have a specific Emotional Support Animal as an accommodation is approved, the student-owner will be solely responsible for the custody and care of the ESA and must abide by the following requirements:

1. An approval for an ESA is limited to a specific animal. Approval is not transferable from one animal to another. To replace an approved ESA, the new animal must be necessary because of the student-owner’s disability and the student-owner must follow the procedures detailed in the COLLEGE EMOTIONAL SUPPORT ANMIAL (ESA) REASONABLE ACCOMMODATION POLICY, SECTION II when requesting a different animal*.*
2. The student-owner must submit a health statement, including dates of any necessary vaccinations, from a licensed veterinarian dated within three months prior to submitting the health statement. The student-owner must provide the health statement to the Coordinator of Residence Life no later than 5 business days prior to the date on which the student-owner has been authorized to bring the ESA in to PSC Housing. An ESA will be refused entry into PSC Housing if the Office of Residence Life has not received the health statement from the student-owner by that date.
3. The student-owner must abide by current city, county, and state ordinances, laws, and/or regulations pertaining to licensing, vaccination, and other requirements for animals. It is the owner’s responsibility to know and understand these ordinances, laws, and regulations. The College has the right to require documentation of compliance with such ordinances, laws, and/or regulations. The College reserves the right to request documentation showing that the ESA has been licensed as required.
4. The student-owner is solely responsible for ensuring that the ESA is contained in an appropriate enclosure when the student-owner is not present in the residence room during the day due to attending classes or other activities.
5. The student-owner will be solely responsible for the custody and care of the ESA. If the student-owner will be absent from PSC Housing overnight or longer, the student-owner is responsible for removing the ESA from PSC Housing for the duration of the absence.
6. The ESA must be under the dominion and control of the student-owner at all times. The student-owner shall not permit the ESA to go loose or run at large. If an ESA is found running at large, the animal is subject to capture, confinement, and removal to an animal shelter. Any expenses billed by the animal shelter will be the responsibility of the student-owner.
7. The student-owner is required to clean up after and properly dispose of the ESA’s waste in a safe and sanitary manner as determined by the Residence Life Office. When needed for the animal, the student-owner must use the animal relief areas designated by the Residence Life Office.
8. The student-owner is required to ensure the animal is well cared for at all times. Any evidence of mistreatment, neglect, or abuse by the student-owner or any other person may result in immediate removal of the ESA to an animal shelter and/or student conduct discipline charges for the owner and any other culpable individuals. Any expenses billed by the animal shelter will be the responsibility of the student-owner.
9. Paul Smith’s College will not ask for or require a student-owner to pay a fee or surcharge for an approved ESA.
10. A student-owner may be charged for any damage caused by his or her approved ESA beyond reasonable wear and tear (as determined by Residence Life Office policies) to the same extent that it charges other students for damages beyond reasonable wear and tear.
11. The student-owner’s living space in PSC Housing may also be inspected for fleas, ticks, or other pests if necessary as part of the College’s standard or routine inspections. If fleas, ticks, or other pests are detected through inspection, the residence will be treated using approved fumigation methods by a College-approved pest control service. The student-owner will be billed for the expense of any pest treatment above and beyond standard pest management in the residence halls. The College shall have the right to bill the student-owner’s account for unmet obligations under this provision.
12. The student-owner must fully cooperate with College personnel with regard to meeting the terms of this policy and developing procedures for care of the ESA (e.g. cleaning the animal, feeding/watering the animal, designating an outdoor relief area, disposing of feces, etc.).
13. The student-owner agrees to abide by all equally applicable residential policies that are unrelated to the student’s disability such as assuring that the ESA does not unduly interfere with the routine activities of the residence or cause difficulties for students and staff who reside there.
14. Requests for ESAs must be submitted each year, they do not carry forward. An ESA will be allowed in PSC Housing only as long as it is necessary because of the student-owner’s disability. The student-owner must notify the Center for Accommodative Services in writing if the ESA is no longer needed or is no longer in residence.
15. Paul Smith’s College personnel shall **not** be required to provide care or food for any ESA including, but not limited to, removing the animal during emergency evacuation for events such as a fire alarm. Emergency response personnel will determine whether to remove the animal and may not be held responsible for the care, damage to, or loss of the animal.
16. The student-owner must sign an acknowledgment form to confirm his or her understanding that the Center for Accommodative Services will disclose information regarding the request for and presence of the Emotional Support Animal to those individuals who may be impacted by the presence of the animal including, but not limited to, Residence Life personnel and potential and/or actual roommate(s)/suitemate(s)/neighbor(s). Such information shall be limited to information related to the animal and shall not include information related to the student-owner’s disability.

         Name of animal

         Type of animal (dog, cat, ect.)

         Breed

         Hair/Fur color

         Hair length (short or long)

         Sex

         Neutered/Spayed?

         Chipped?

         A picture of the animal

         Owner’s cell phone number, and residence hall and room