

Student Name: _____, NetID: _____, MSU ID: _____

Residence Hall: _____, Room #: _____
(N/A if no assignment) (N/A if no assignment)

For the purpose of this form, the following definitions apply.

Handler: A person with a disability who is responsible for the supervision and care of an assistance animal or a personal care attendant who assumes that responsibility.

Assistance Animal: An animal that is necessary to afford a person with a disability an equal opportunity to use and enjoy university housing. An assistance animal may provide physical assistance, emotional support, calming, stability, and other kinds of assistance. Assistance animals that are not service animals under the ADA may still be permitted, in certain circumstances, to reside in university housing pursuant to the Fair Housing Act.

Specific type (species) of assistance animal being requested: _____

Breed: _____

Sex: _____

Description: _____

1. Any handler may request an assistance animal in campus housing as an accommodation if each of the following conditions are met:
 - a. The person who is seeking to use and live with the assistance animal has a disability;
 - b. The person making the request has a disability-related need for an assistance animal that does work, provides assistance, performs tasks or services for the benefit of the person with a disability, or provides emotional support that alleviates one or more of the identified symptoms or effects of a person's existing disability.

2. Any handler requesting an assistance animal in campus housing must complete and return all of the following items in their entirety to the **Office of Disability Support Services at least thirty (30) days prior to receiving a housing accommodation** for the specific assistance animal requested in this form.
 - a. This form in its entirety (Assistance Animal Request Form);
 - b. Medical Documentation from a licensed medical professional in a field related to the disability (see section on Medical Documentation, pages 2 & 3);
 - c. Annual Proof of Current Vaccinations and Certification of Health from a licensed veterinarian for the specific assistance animal requested in this form (see section on Annual Proof of Current Vaccinations and Certification of Health, page 3. Sample provided in Appendix 1.);
 - d. Annual Assistance Animal Care Plan for the specific assistance animal requested in this form (see section on Annual Assistance Animal Care Plan, page 3).

3. This form plus the Annual Proof of Current Vaccinations and Certification of Health (item 2.c.) and the Annual Assistance Animal Care Plan (item 2.d.) must be resubmitted annually to Disability Support Services.
4. After providing the required information mentioned above, handlers requesting an assistance animal **must register with the Office of Disability Support Services at <http://www.sss.msstate.edu/disabilities/>**.
5. **Responsibilities of the Handler:** While the assistance animal is at MSU, the handler is solely responsible for the behavior, supervision, and care of the assistance animal in accordance with the Student Code of Conduct and all other university rules and regulations. While at MSU, the assistance animal is not the responsibility of a roommate, another student living in the residence hall, or an external third party. If the handler leaves the room, the assistance animal must be confined in a safe and appropriate enclosure (e.g. tank, terrarium, cage, or kennel). Other students (besides the roommate assigned to that specific room) or third party individuals who are not residents should and will not be allowed access to the handler's room when the handler is not present. The handler must be in control of the animal at all times. The handler must ensure that dogs and cats wear a collar with an identification tag displaying the animal's name and handler's cell phone number. The assistance animal will not be allowed in any other building on campus (e.g. any classroom, the library, the Colvard Union, Perry Cafeteria, or Barnes and Noble). If the handler leaves the residence hall overnight or for a period of time greater than communicated in the animal care plan, the assistance animal may not stay in the building. The handler is responsible for cleaning up all animal waste (indoor and outdoor) and disposing of that waste only in designated outdoor dumpsters. Under no circumstances is animal waste to be disposed of in indoor trash receptacles or flushed down a toilet. The handler is responsible for the cost to repair any damage to university property caused by the assistance animal, this may include cleaning, repair, or extermination costs.
6. **University's Authority:** The University has the authority to temporarily or permanently exclude an assistance animal from its grounds or facilities if its behavior is unruly or disruptive, it is in ill health or habitually unclean. The University has a "one-bite" standard which requires an assistance animal to be removed from university property after the assistance animal has been found responsible for a single occurrence of biting or other aggressive behavior. The University reserves the right to move the handler and the assistance animal to other space on campus due to health or safety needs of other residents who reside in the same building with the assistance animal. The University may deny access of an assistance animal if: the animal is out of control and its handler does not take effective action to control it; the animal is not housebroken (i.e., trained so that, absent illness or accident, the animal controls its waste elimination); or the animal poses a direct threat to the health or safety of others that cannot be eliminated or reduced to an acceptable level by a reasonable modification to other policies, practices and procedures. The decision to exclude an assistance animal from the University will be made by the Dean of Students.
7. **Explanation of Required Items:**

Medical Documentation: In order to ensure the provision of reasonable and appropriate housing accommodations for students with disabilities, the Office of Disability Support Services requires documentation from a licensed medical professional in a field related to the disability that provides

verification of the disability, the need for the assistance animal, and the relationship between the handler's disability and the need for the assistance animal, unless the need(s) are readily apparent or already known to the Office of Disability Support Services. Please use the following guidelines to assist you in the preparation of the Medical Documentation.

- a. Documentation should be on letterhead, typed, dated, and bear the signature of the evaluator. It should also include the name, title, and professional credentials of the evaluator, including information about licensure or certification, and complete contact information (e.g. name, address, and phone number of practice). The evaluator should not be a family member.
- b. Documentation to verify the handler's disability should also include:
 - i. Verification of the disability
 - ii. Explanation of the need(s) met by the specific assistance animal covered in this request and how this specific assistance animal is necessary to alleviate one or more of the handler's symptoms or effects of his or her disability within a university housing environment;

Annual Proof of Current Vaccinations and Certification of Health: The handler will provide the Office of Disability Support Services with appropriate documentation from a licensed veterinarian confirming vaccinations, pest treatments, and annual health check-up prior to moving the specific assistance animal into the residential facility, and then on an annual basis if the specific assistance animal continues to live in the MSU housing system. The handler must ensure that the assistance animal remains current on vaccinations and preventative treatments for pests common to the specific assistance animal. Assistance animals must wear the appropriately required valid vaccination tag(s).

Annual Assistance Animal Care Plan (sample provided in Appendix 1): The handler will attach a detailed Annual Assistance Animal Care Plan to this form that will include:

- i. Title and date created;
- ii. Handler's name, home address, and cell phone number;
- iii. The specific type (species), breed, sex, and description of the assistance animal requested in this form;
- iv. Color picture of assistance animal
- v. Additional emergency contact(s) name, address, and phone number(s).
- vi. Local animal shelter/boarding (e.g. local veterinarian, kennel, or caregiver) information and permission to accept specific assistance animal in case of emergency, including: name, local address, office number, and emergency contact number;
- vii. Authorization to leave assistance animal in the care of specified boarding provider at the handler's cost;
- viii. Daily care schedule (i.e. when the animal will be fed, exercised, sanitation/waste-relief schedule, and cleanup procedures for feces and urine);
- ix. Demonstrated knowledge of MSU Housing designated sanitation/waste-relief site(s) and outdoor waste disposal dumpsters;
- ix. Signature with date of Housing Staff (Associate Director of Residence Life) acknowledging the review of Annual Assistance Animal Care Plan.

I have read, understood and accept the terms and conditions of this agreement:

Handler Printed Name

Handler Signature

Date

Mail or Fax this form in its entirety and all required items to:

Disability Support Services
P.O. Box 806
Mississippi State, MS 39762
Fax: (662) 325-8190

TO BE COMPLETED BY DISABILITY SUPPORT SERVICES (DSS) PERSONNEL

Required Components Reviewed by DSS Staff:

(Staff Initials)

_____ This form in its entirety (Assistance Animal Request Form);

_____ Medical Documentation from a licensed medical professional in a field related to the disability (see section on Medical Documentation, pages 2 & 3);

_____ Annual Proof of Current Vaccinations and Certification of Health from a licensed veterinarian for the specific assistance animal requested in this form (see section on Annual Proof of Current Vaccinations and Certification of Health, page 3);

_____ Annual Assistance Animal Care Plan for the specific assistance animal requested in this form (see section on Annual Assistance Animal Care Plan, page 3).

DSS Recommendation:

_____ Recommend Allowing Specific Assistance Animal Accommodation

_____ Do Not Recommend Allowing Specific Assistance Animal Accommodation

Justification if accommodation is not recommended:

DSS Staff Printed Name, Title

DSS Staff Signature

Date

Number of MSU Assistance Animal Approval Sticker

Appendix 1. Example of Annual Assistance Animal Care Plan

Annual Assistance Animal Care Plan created August 1, 2015

Handler's Information

Name: John Smith, Jr.
Home Address: 111 Salamander Ln.
City, State Zip: Grenada, MS, 38901
Cell Phone: 555-555-1111; Email: jjs)*#)@emailservice.email

Assistance Animal Information

Type (species): Dog (name: Pongo)
Breed: Mixed shepherd / collie
Sex: Male, neutered
Description: 24" tall, 44 lbs., medium hair, black with brown markings, 4 years old

Additional Emergency Contacts

Name: Ann Smith
Address: 111 Salamander Ln.
City, State Zip: Grenada, MS 38901
Home Phone: 555-555-1112; Cell Phone: 111-111-1113

Name: Paul Williams
Address: 2x2x2 Green St.
City, State Zip: Starkville, MS 39759
Cell Phone: 555-555-3333

Emergency Caregiver/Boarder:

Name: Paul Williams
Address: 2x2x2 Green St.
City, State Zip: Starkville, MS 39759
Cell Phone: 555-555-3333;
Email: wpw*#)@emailservice.email



Authorization to Leave Assistance Animal with Emergency Caregiver/Boarder

I, Paul Williams, agree to house and attend to the needs of John Smith's dog, Pongo, in case of emergency at John's expense.

Signature: Paul Williams, Date: Aug 2, 2015

Daily Care Schedule and Hygiene: (times indicate general timeframe for activities on a typical day)

6:00 - 7:00 AM: walk, waste disposal, 1st feeding, waste disposal
11:00 AM - noon: waste disposal
5:00 - 6:00 PM: waste disposal, 2nd feeding, walk
9:00 - 10:00 PM: waste disposal

Pongo is 4 years old and has lived indoors his entire life. He is house trained and does not defecate or urinate indoors. If he becomes ill, I will clean up any messes with paper towels and a general detergent-based cleaner and the appropriate amount of water. He will receive a monthly pest treatment (Comfortis), and will be bathed at home, as needed.

Knowledge of MSU Housing Designated Sanitation / Waste-Relief Sites and Waste Disposal Dumpsters

I have met with MSU Housing and Residence Life staff and was shown the preferred grassy area to use as a waste-relief site at [Name] Hall. I understand that I must place all feces in a plastic bag, tie the bag closed, and dispose of the bag in the outdoor dumpster to the east of [Name] Hall.

Handler's Signature: John Smith, Jr., Date: 8-4-2015

Reviewed by MSU Housing Staff

Print Name: Susan Doe, Signature: Susan Doe, Title: Assoc. Dir., Date: 08/05/15