

PROCESS INSTRUCTIONS

The University of Texas Southwestern Medical Center ("UTSW" or "University") provides reasonable accommodations for a Campus housing resident with a disability ("resident") who has a verifiable need of having an **Emotional Support Animal (ESA)**. A reasonable accommodation is an exception to the University's rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity to use and enjoy Campus housing.

This form is to request an ESA, and NOT a Service Animal. *What is the difference?*

- **Service Animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities.** These tasks can include things like pulling a wheelchair, guiding a person who is visually impaired, or alerting a person who is having a seizure. The tasks a service animal can perform are not limited to this list. However, the work or task a service animal does must be directly related to the person's disability. Service animals may accompany persons with disabilities into places that the public normally goes. To request a Service Animal, the "Request for Service Animal in Campus Housing" form should be completed and returned to UTSW's Office of Institutional Equity and Access.
- An ESA is typically a dog or cat, though this can include another animal that provides a therapeutic benefit to its owner through companionship. The animal provides emotional support and comfort to individuals with psychiatric disabilities and other mental impairments. The animal is **not** specifically trained to perform tasks for a person who has emotional disabilities. **Unlike a Service Animal, an ESA is not granted access to places of public accommodation; the animal's access is restricted to the individual's residence.**

Individuals must have accepted a Housing Contract to request consideration to have an ESA in Campus Housing. These steps should be followed to request an ESA:

1. A qualified Healthcare Provider (e.g., psychiatrist, psychologist, or clinical licensed social worker) must complete this form. Only the information requested on this form should be provided, and it must be signed by a provider who is personally treating the requester.
2. The requester should submit the completed form to the Office of Institutional Equity and Access, located in LP5.104
or Accessibility@UTSouthwestern.edu.
3. The requester will need to schedule an intake appointment with a Campus Accessibility Services staff member.

The information completed on this form will be reviewed to determine:

1. That the requester has a documented disability;
2. The ESA is necessary to afford the requester, as a person with a disability, an equal opportunity to use and enjoy the on-campus housing facilities; and
3. That there is an identifiable relationship between the disability and the support that the ESA provides.

You will receive a determination regarding your request by email within 2 weeks of UTSW's receipt of a completed request packet and intake appointment.

Individuals approved to have an ESA in Campus housing must review and acknowledge the ESA Owner's Responsibilities, as outlined on page 4 of this packet.

COMPLETED FORM SUBMISSION AND INTAKE SCHEDULING

The completed form should be submitted to the Office of Institutional Equity and Access. Documentation may be submitted via email, fax or in-person, but email is preferred. If a disability restricts your ability to receive information via email, please contact our office.

Office of Institutional Equity and Access
UT Southwestern Medical Center
3000 Pegasus Park Drive, Ste. LP5.104
Dallas, TX, 75247 Telephone - 214.648.4343
Facsimile - 214.648.4348
Accessibility@utsouthwestern.edu



REQUESTER INFORMATION – completed by Requester

Date of Request _____
Requester's Name _____
Mailing Address _____ Campus Apt # _____
Local/Cell Phone _____ Email Address _____

REQUIRED

- Review the Instruction page of this document, and understand the conditions outlined.
- Review and agree to the Emotional Support Animal Owner Responsibilities Agreement.
- Review and Complete the Registration Form for Service Dogs or ESAs

OPTIONAL

Below is an Authorization to Release Medical Information, which allows a University Representative to correspond with your health care provider about the documentation accompanying your request. This is optional; however, the failure to provide it may result in denial of the request if the documentation provided is not sufficient.

Signature of Requester _____ **Date** _____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I have requested an accommodation from The University of Texas Southwestern Medical Center (UT Southwestern). I hereby authorize my health care provider _____ to provide all information necessary for the evaluation of my request and to communicate directly with the UT Southwestern Office of Institutional Equity and Access in connection with the evaluation of my request.

Signature of Requester _____ **Date** _____

REQUESTER HEALTHCARE SECTION – completed by health care provider

Name _____ ID # _____

To properly evaluate how UTSW can best meet the Requester's need for **requesting an ESA in University housing**, the University requires specific diagnostic information from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the Requester's disability, including the intentional use of an ESA to address specific functional limitations that result from the Requester's physical or psychological condition(s). The provider completing this form **cannot** be a relative or the resident. **The provider should completely respond to all questions** and may attach additional related information.

1. Does the Requester, who you have individually examined and treated, have a physical or mental impairment that substantially limits one or more major life activities?

NO.

YES: Provide a diagnosis and describe what major life activities are impaired at **the present time**:

2. Identify the disability-related need for an ESA, and explain how the animal alleviates one or more of the identified substantially-limiting major life activities (thereby reducing the identified symptoms or effects of this individual's existing disability). What effective alternative accommodation(s) would you recommended?

3. What type of animal is being requested? _____

4. Describe how the condition is currently being treated/managed? _____

HEALTH CARE PROVIDER INFORMATION – completed by health care provider

This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the resident's condition(s).

I am verifying that the Requester's information above is correct, that the Requester is a patient that I have been treating, and that **I am not a relative of the Requester**.

Date of Initial Contact with Requester: _____ Date of Last Office Visit with Requester: _____

Provider's Name _____ License Number _____ State _____

Provider Degree and Job Title _____

Name of Institution/Agency/Place of Employment _____

Address _____

Telephone Number _____

E-mail Address _____

EMOTIONAL SUPPORT ANIMAL OWNER'S RESPONSIBILITIES

A resident who is approved for an Emotional Support Animal (ESA) must review and agree to the following requirements. Failure to follow these requirements may result in the University requesting the removal of the ESA from Campus housing.

An ESA must be contained within the resident's own unit, except to the extent the resident is taking the animal out for natural relief. When an ESA is outside of the resident's unit, the animal must be either controlled by a leash or harness or contained in an animal carrier. ESAs are not permitted in any University facility, including commons buildings, other than the campus housing unit to which the resident is assigned.

Resident's Responsibilities as the ESA Owner:

- The resident must abide by current city, county, and state ordinances, laws, and/or regulations pertaining to license, vaccination, and other requirements for animals. The resident must know and understand these ordinances, laws, and regulations. The University has the right to require documentation of compliance with such ordinances, laws, and/or regulations, which may include a vaccination certificate or a veterinarian's statement regarding the animal's health. The University reserves the right to request documentation showing that the animal has been licensed.
- The resident is required to clean up after and properly dispose of the animal's waste in a safe and sanitary manner. If the animal is a dog, the dog must be housebroken and kennel trained.
- In the case of an emergency, the University is not responsible for evacuating the animal.
- The University will not require a resident with a disability to pay a surcharge or comply with other requirements generally not applicable to people without animals.
- The resident is financially responsible for any and all actions of the animal, including but not limited to, bodily injury or property damage, such as furniture or floor coverings replacement. The resident may be charged for any damage caused by the ESA that is beyond reasonable wear and tear. The resident's unit must be kept clean with no odors from the ESA. The resident's unit may be inspected for fleas, ticks, or other pests if necessary. If fleas, ticks, or other pests are detected through inspection, the unit will be treated using approved fumigation methods by a University-approved pest control service. The resident will be billed for the expense of any pest treatment above and beyond standard pest management in Campus housing. The University shall have the right to bill the resident's account for unmet obligations under this provision.
- The resident is responsible for the appropriate management of the ESA. Disruptive and/or aggressive behavior is not permitted, and if it occurs, the ES may be removed from Campus housing.
- The ESA may not be left alone overnight in Campus housing to be cared for by another resident. The ESA may not be housed in another resident's unit. If the resident is to be gone overnight or for a prolonged period, arrangements must be made for the ESA.
- The ESA is permitted in Campus housing only as long as it is necessary due to the resident's disability. The resident must notify the University, in writing, if the animal is no longer needed or is no longer in residence. To replace an animal, the resident must submit a new request to demonstrate that the new animal is necessary due to the resident's disability.
- If it is necessary for the animal to be removed from Campus housing, the resident is obligated to fulfill the Housing Contract obligations for the remainder of the lease term.

**EMOTIONAL SUPPORT ANIMAL
OWNER'S RESPONSIBILITIES AGREEMENT**

Acknowledgment and Release of Information Consent Form

By my signature below, I verify that I have read and understand the Emotional Support Animal Owner Responsibilities and I agree to comply. I understand that if I fail to meet the requirements set forth in the Agreement, The University of Texas Southwestern Medical Center ("UTSW" or "University") has the right to remove the Emotional Support Animal from Campus housing and I will be nonetheless required to fulfill my lease agreement.

I consent to UTSW's disclosure of information about my Emotional Support Animal to University staff, potential and/or actual roommate(s) and neighbor(s), as needed. I understand that this information will be shared with the intent of preparing for the presence of the Emotional Support Animal and/or resolving any potential issues associated with the presence of the Emotional Support Animal. I will hold UTSW harmless from any liability for disclosing such information.

I further recognize that the presence of the Emotional Support Animal may be noticed by others visiting or residing in Campus housing and agree that University staff may acknowledge the presence of the Emotional Support Animal, and explain that under certain circumstances Emotional Support Animals are permitted for persons with disabilities.

Signature of Resident

Date

**Registration Form for Service Dogs
or Emotional Support Animals in Campus Housing**

This form must be submitted and approved prior to an animal occupying your Campus housing.

Resident's Name _____

Animal Type _____

Animal's Breed _____

Animal's Name _____

Please attached the following records:

- Copy of record showing rabies vaccinations are up to date (See Ch.826 Tex. Health & Safety Code; and Dallas City Ordinances Ch.7)
- Current photograph of the animal

I certify that the provided information is true and accurate.

Signature of Resident

Date

Building

Apartment #