Instructions for Requesting an Assistance Animal in University Housing

An assistance animal is one that is necessary to enable the resident with a disability an equal opportunity to use and enjoy University housing. An assistance animal may provide physical assistance, emotional support, stability and other kinds of assistance. Assistance Animals do not perform work or tasks that would qualify the animal as a “service animal” under the Americans with Disabilities Act (ADA). Assistance animals that are not service animals under the ADA may be permitted, in certain circumstances, in University housing pursuant to the Fair Housing Act (FHA).

UHDS residents (“resident”) may be eligible to bring an assistance animal into their residence if OSU Disability Access Services (DAS) determines that the requested assistance animal is necessary for the resident with a disability to have equal access to housing. In order for DAS to make this determination:

1. The resident requesting an assistance animal must provide documentation of his or her disability to DAS (required). The documentation must be specific to the student’s housing accommodation request. A qualified professional must complete the DAS Housing Documentation Form.

2. A qualified professional must complete the DAS Housing Assistance Animal Form (see below).

Please note documentation must be submitted to DAS before a request for an assistance animal will be reviewed by DAS.

If a student requires academic accommodations please contact DAS at 541-737-4098 or disability.services@oregonstate.edu for additional documentation requirements. Residents whom DAS approves for an assistance animal in their residence must comply with their UHDS Housing Contract and OSU Service and Assistance Animal Policy.

Emotional distress resulting from having to give up an animal because of a “no pets” policy does not qualify a person for an accommodation under federal law.
DAS Housing Assistance Animal Form

Student Contact Information:

Student’s Name: ___________________________ Date of Birth: ________________

Phone Number: ___________________________ Student ID Number: ____________

Move in date: ___________________________

Student’s requested accommodation is for the following term:

☐ Fall   ☐ Winter   ☐ Spring   ☐ Summer

Year: __________

Instructions for clinician:

This form must be filled out by a qualified professional. Name, signature, title, and professional credentials must be provided at the end of this form. Please answer the questions as thoroughly as possible. This form can be returned to:

Disability Access Services (DAS)
A200 Kerr Administration Building
1500 SW Jefferson Avenue
Corvallis, OR 97331-2133
Phone: 541-737-4098
Fax: 541-737-7354
Email: Disability.Services@oregonstate.edu

Evaluator Information:

Name: ____________________________________________

Title: ____________________________________________

Phone Number: ________________________________

License or Certification Number: __________________

Signature: ________________________________________

Date: ___________________________________________
Please provide answers to the following questions:

Federal laws define a person with a disability as, “any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.”

1. Does the student listed above have a physical or mental impairment that substantially limits one or more major life activity including, but not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working?

□ Yes □ No

*Please describe:*
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

2. Are you prescribing the companion animal to ameliorate the effects of a diagnosed condition? If yes, what are the effects that the animal ameliorates?

□ Yes □ No

*Please describe:*
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
3. Is the assistance animal necessary in order for the above named student to have the same opportunity that a student without a disability has to use and enjoy their residence?

☐ Yes  ☐ No

*Please describe:*
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

4. Please describe the animal that is being prescribed to the student (please be specific, the breed and/or type of animal).
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

5. Is there a different/another accommodation that could be provided in the residential setting to meet this student’s needs? If so, please describe below.
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

*Note: When an assistance animal is approved in University housing, the student will be expected to be able to care, control, feed, and clean up after the animal.*