

**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:

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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:

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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:

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**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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