



## Application for Assistance Animal in the Residence Halls

SUNY Canton Office of Residence Life

34 Cornell Drive, Mohawk Hall, Canton, New York 13617

Requests must be made in advance to the Office of Residence Life to allow for a thorough review. This request should be made the preceding June 1 (for incoming students), or by April 1 (for continuing students) for the following academic year. Applications may be submitted after the due date but it is important the applicant recognizes the committee that reviews assistance animal applications meets approximately every other month. As such, decisions on completed applications typically take up to 6 to 8 weeks. Applications must be completed fully before they can be reviewed. This includes sections to be filled out by a medical practitioner as well as the required veterinary section. **This request is for an Assistance Animal in the student's living area only.**

By completing this form, you agree that 1) any accommodations may be shared with Residence Life staff, 2) SUNY Canton may contact the Healthcare Practitioner that completed this form to discuss the request, 3) 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.

Student's Name: \_\_\_\_\_

SUNY Canton ID Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please check one: Are you a :  New Student or  Continuing Student

### RESPONSIBILITIES OF PEOPLE WITH DISABILITIES USING SERVICE OR ASSISTANCE ANIMALS

SUNY Canton is not responsible for the care or supervision of service or assistance animals even during an emergency.

People with an assistance animal are responsible for the cost, care, and supervision of their animals, including:

- Compliance with any laws pertaining to animal licensing, vaccination, and owner identification;
- Keeping the animal under control and taking effective action when it is out of control; and
- Feeding and walking the animal, and disposing of its waste.

People who are accompanied by animals must comply with the same campus rules regarding noise, safety, disruption, damage, and cleanliness as people without an animal.

### EXCEPTIONS AND EXCLUSIONS

SUNY Canton may pose restrictions on, and may even exclude, an assistance animal in certain instances. Any animal may be excluded from an area in which it was previously authorized to be if:

- it is out of control and effective action is not taken to control it;
- it is not housebroken (or in the case of a support animal that deposits waste in a designated cage or litter box, the owner fails to clean such cage or box such that the cleanliness of the room is not maintained); or
- it poses a direct threat to the health or safety of others that cannot be mitigated by reasonable modifications of policies, practices, or procedures, or the provision of auxiliary aids or services.
- it causes damage to College property or another student's personal property.
- it is left by its care taker overnight, whether alone or with another person.

In the event that restriction or removal of an animal is determined to be necessary, the person will still be given the opportunity to participate in the service, program, or activity without having the assistance animal present.

### This request is for a specific assistance animal

Assistance Animal's Name: \_\_\_\_\_ Gender of Animal:  Male  Female

Assistance Animal's Type and Breed: \_\_\_\_\_

Description of the Assistance Animal (color and markings): \_\_\_\_\_

\_\_\_\_\_

The following documentation must be completed and signed by the medical professional who has prescribed the accommodation.

The request must include documentation from a licensed medical professional (physician, psychiatrist, etc.) who has provided treatment for the disability. (Please provide additional pages if necessary.)

**EVIDENCE OF THE DISABILITY AND THE ASSESSMENT RELATED TO THE NEED FOR AN ASSISTANCE ANIMAL**

Name and contact information of the medical professional making the assessment
Signature of the medical professional making the assessment
Date at which the assessment was first made
Dates of treatment
Symptoms for which treatment was needed
Treatments other than the use of an assistance animal which have been used for symptom reduction
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

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

Upon completion of this form, please return to:

John Kennedy, Director of Residence Life  
Office of Residence Life  
34 Cornell, Mohawk Hall  
Canton, New York 13617  
Fax: 315-386-7969

This request will be reviewed and a recommendation made to Residence Life by a committee that is composed of representatives from the Office of Residence Life, Counseling Services, Health Services, Office of Student Accessibility Services, and a Veterinary Science faculty member.

Appeals of the decision of this committee may be directed to the Dean of Students.

**FOR OFFICE USE ONLY**

**Date passed to committee for recommendation:** \_\_\_\_\_

**Decision:**  Approved  Denied **Date of Decision:** \_\_\_\_\_

**Date Student Informed:** \_\_\_\_\_

The following documentation must be **completed and signed by the licensed veterinarian.**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
SUNY Canton ID Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Type of Animal:  
 Cat       Dog       Ferret       Rabbit       Rodent       Other: \_\_\_\_\_

**Cat:**  
Name of animal: \_\_\_\_\_  
Breed of cat: \_\_\_\_\_  
Sex of cat: \_\_\_\_\_  
Age of cat: \_\_\_\_\_  
1. Please provide vaccination dates for the following vaccinations (all are required):  
Distemper series: \_\_\_\_\_  
Rabies: \_\_\_\_\_  
Feline Leukemia (initial & follow up vaccinations): \_\_\_\_\_ & \_\_\_\_\_  
2. Has the cat been neutered? (SUNY Canton requires this) Yes or No  
3. What monthly intestinal parasite/flea medication is the cat taking? (SUNY Canton requires this): \_\_\_\_\_

**Dog:**  
Name of animal: \_\_\_\_\_  
Breed of dog: \_\_\_\_\_  
Sex of dog: \_\_\_\_\_  
Age of dog: \_\_\_\_\_  
1. Please provide vaccination dates for the following vaccinations (all are required):  
Distemper-parvo series: \_\_\_\_\_  
Rabies: \_\_\_\_\_  
2. Has the dog been neutered? (SUNY Canton requires this) Yes or No  
3. What monthly intestinal parasite/flea medication is the dog taking (Canton requires this): \_\_\_\_\_

**Ferret:**  
Name of animal: \_\_\_\_\_  
Sex of ferret: \_\_\_\_\_  
Age of ferret: \_\_\_\_\_  
1. Please provide vaccination dates for the following vaccinations (all are required):  
Ferret/canine distemper series: \_\_\_\_\_  
Rabies: \_\_\_\_\_  
2. Has the animal been neutered and descented? (SUNY Canton requires this) Yes or No

**Rabbit, Rodent, or other species:**  
Name of animal: \_\_\_\_\_  
Type of animal: \_\_\_\_\_  
Age of animal: \_\_\_\_\_  
1. Please provide a list of any vaccination dates (none are required for most other small mammal species):  
\_\_\_\_\_  
2. Has the animal been spayed or neutered? Yes or No

Please provide veterinarian's name, address, phone number and license number:  
  
Veterinarian's signature: \_\_\_\_\_