NORFOLK STATE UNIVERSITY
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Office of Accessibility Services
700 Park Ave., James A. Bowser Building, Suite 121, Norfolk, Virginia 23504
P: 757-823-8325 | F: 757-823-2640 | nsu.edu

Emotional Support Animal (ESA) Roommate Acknowledgement

_____ (INSERT STUDENT'S NAME REQUESTING EMOTIONAL SUPPORT ANIMAL) has requested permission to keep an Emotional Support Animal (ESA) in your shared on-campus residence. The type of ESA is a _____ (INSERT TYPE/BREED OF ANIMAL). The purpose of this letter is to confirm your understanding of the arrangements for the ESA.

This acknowledgment means that your roommate has discussed ESA arrangements with you and that you have had the opportunity to review information about the Assistance Animals in University Housing Program located at the Accommodations OASIS office.

If you have a disability that may be impacted or exacerbated by living with the ESA, you have a right to request your own accommodations. By signing below, you acknowledge that to the best of your knowledge, you are not aware of any medical condition that may be impacted by the ESA. If you are aware of any such condition, it is advised that you complete the process for Registration with the Office of Accessibility Services/International Student Services (O.A.S.I.S.). Please contact O.A.S.I.S. by emailing **OASIS@nsu.edu** or call (757) 823-8325 before signing this form to discuss the process for Registration and ways in which our office can support you. Your signature on this form shall not restrict your right to request medical accommodation from O.A.S.I.S. if you later become aware of a medical condition impacted by living with the ESA. If you have any other general questions or concerns about the presence of an ESA in your on-campus residence, please contact OASIS at **OASIS@nsu.edu** or by calling (757) 823-8325.

You have no obligation for the care of the ESA as your roommate is solely responsible for all care of their ESA. Furthermore, per university guidelines, the ESA is only permitted in the owner's bedroom and may not enter other students' bedrooms or common areas (except as necessary to enter or exit the building). If the owner will be away from campus overnight, the owner is responsible for transporting the ESA off campus for the duration of their absence. If you have concerns related to the ESA in your residence, please share these concerns with the Office of Housing and Residence Life or the Office of Accessibility Services/International Student Services (O.A.S.I.S.) as soon as possible so that a resolution can be reached.

Note: This form is required for all students utilizing an ESA accommodation and the owner is responsible for ensuring this form is completed and submitted for all roommates in their shared on-campus residence.

Signature (roommate): _____ Date: _____

Printed name (roommate): _____

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Emotional Support Animal (ESA) Request Form

Part I: To be completed by the Student (feel free to attach a separate page if you need more room)

Student Name: _____ NSU Id Number: _____

Proposed Emotional Support Animal Name: _____

Type and/or Breed of Animal: _____

Size/Age of Animal: _____

Campus Address: _____

Home Address: _____

What was the first year you attended Norfolk State University? _____

Are you a new student, transfer student, or returning student? _____

What is your current class standing? (i.e. freshman, sophomore) _____

Other than the provider that is completing this form, are you connected to any other provider(s) for the indicated diagnosis(es)? Yes_____ No_____

If so, please include the provider (s) name, title, and scope of practice:

_____

_____

Please describe how the animal will provide support related to your disability while in residence in Norfolk State University on-campus housing that is not otherwise possible without an ESA.

_____

_____

By submitting this request, I am giving my consent for any information relevant to this request to be reviewed by appropriate Office of Accessibility Services/International Student Services (O.A.S.I.S.) staff in evaluation and in any subsequent provision of an emotional support animal as a housing accommodation.

Student Signature: _____ Date: _____

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Emotional Support Animal (ESA) Request Form (Continued)

Part II: To be completed by Healthcare Professional/Licensed Provider:

(The healthcare provider need not use this specific form, but all the information requested here is necessary for the institution to consider the request for an ESA; the form is provided as a convenience.)

The above-named student has indicated that you are the healthcare professional/licensed provider who is recommending an Emotional Support Animal (ESA) in on-campus housing as necessary for alleviating one or more of the identified symptoms or effects of the student's disability. To evaluate the request for this accommodation, we ask that you please answer the questions below. Please know that by providing this information, you are verifying this student's disability and that the presence of the animal addresses that disability (please feel free to attach a separate page to further explain the responses if needed).

Information about the Student's Disability:
*(Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities.)*

1. What is the nature of the student's mental health impairment (that is, how is the student ***substantially limited***?)

_____

_____

2. Does the student require ongoing treatment?

_____

_____

3. When did you first meet with the student regarding this mental health diagnosis (es), and in what context (that is, was it a face-to-face meeting or a virtual interaction)? Can you verify that this student (your client/patient) is currently under your care and has an ongoing therapeutic relationship with your practice?

_____

_____

4. How long have you been working with the student, and when did you last interact with the student regarding this mental health diagnosis?

_____

_____

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5. What disability-related symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?

_____

_____

Information about the Proposed ESA
(Please note that there are some restrictions on the type of animal that can be approved for on-campus housing; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.)

6. Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect on the student while in residence on campus?

_____

_____

7. Is there evidence that an ESA has helped this student in the past or currently?

_____

_____

Importance of ESA to Student's Well-Being

8. In your opinion, how important is it for the student's well-being that the ESA can be in residence on campus?

_____

_____

9. What consequences, in terms of disability symptomology, may result if the ESA is not approved?

_____

_____

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10. ESAs may potentially exacerbate certain presenting concerns and may interfere with treatment. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe additional ESA-related responsibilities might exacerbate the student's symptoms in any way? (i.e., the additional time and cost of caring for an animal while caring for oneself)

_____

_____

Animal & Community Welfare

11. Have you discussed the responsibilities associated with being solely responsible for the care of an ESA and properly caring for an animal while engaged in typical college activities while residing in campus housing? For example, students complete internships, study abroad, attend classes, and participate in clubs and organizations that take them out of their residences for long periods of time. Norfolk State University requires that the ESA be under the student's full control and that often means the animal must be crated/caged when the student is not in their room.

_____

_____

Healthcare Professional/Licensed Provider Information & Credentials

Name (Print): _____/ Title: _____

License/Certification #: _____

Address:_____

_____

Phone: _____/ Email Address: _____

Signature: _____/Date: _____

Thank you for taking the time to complete this form. We recognize that having an ESA in on-campus housing can be of great benefit for someone with a significant mental health disability. However, the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on the student, the campus community, and the animal.

STUDENT (please sign this form before providing it to your mental health provider to complete):

By signing below, I consent to allow my healthcare provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with personnel from the Office of Accessibility Services/International Student Services (O.A.S.I.S.) as needed.

_____ _____
Student Signature Date

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Emotional Support Animal Agreement

The student requesting accommodation must complete this form. If the student is under the age of 18, the parent/legal guardian must also sign the agreement. Students must have experienced at least two (2) years of a relationship of diagnosis and having an animal. Upon approval from O.A.S.I.S. for an Emotional Support Animal, by signing this agreement, the student acknowledges that they have read and agree to the **Norfolk State University Emotional Support Animal (ESA) Program.**

First Name: _____ Last Name: _____

Student ID: _____ Cell Phone: _____

Animal Name: _____ Animal Type: _____

Animal Breed: _____ Hair Length: _____

Veterinarian Name: _____ Veterinarian Phone: _____

The University will not permit animals that are poisonous, venomous, or can be reasonably viewed as high risk.

Information & Documents to Attach:

- Veterinarian assessment of animal breed/mix of breed
- Clear photograph of the animal
- Record of license & registration in Norfolk, Virginia. A license is required for every cat or dog residing in the city as soon as they reach four months of age. In Norfolk, a current rabies certificate is required to obtain a license.
- Record of up-to-date vaccinations including rabies. All animals must have all veterinarian-recommended vaccinations necessary to maintain the animal's health and prevent contagious diseases. The University reserves the right to request updated verification at any time during the animal's residency. Documentation shall be maintained at the residence at all times.

Emergency Contact

In the event that the student experiences a personal emergency or is unable to care for the animal for any reason, an emergency contact must be identified. This contact must be someone who would arrive to retrieve the animal from campus within 3 hours of notification from the University:

Emergency Contact Name: _____ **Emergency Contact Relationship to Student:** _____

Emergency Contact Phone Number: _____ **Emergency Contact Address:** _____

2nd Emergency Contact Name:_____ **2nd Emergency Contact Relationship to Student:** _____

2nd Emergency Contact Phone Number: _____ **2nd Emergency Contact Address:** _____

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Veterinarian Requirements

Emotional Support Animals and On-Campus Residential Buildings

An emotional support animal may reside in University Housing, including accompanying such individual in all public or common use areas of University Housing, when it may be necessary to afford the person with a disability an equal opportunity to use and enjoy University Housing. Emotional support animals are restricted to on-campus housing and not allowed in other locations on-campus.

Before an emotional support animal can move into University Housing with a person with a disability, a request must be submitted to OASIS and approval must be granted (preferably 45 days prior to move in). Individuals who are allergic to animals or any other circumstances that may restrict them from cohabitating with or near animals should contact OASIS. Housing & Residence Life staff in collaboration with the OASIS staff will work to prevent a room assignment near an emotional support animal.

Animal License

The City of Norfolk requires all dogs and cats residing in the city to be licensed as soon as they reach four (4) months of age. The license must be renewed every year with the City of Norfolk. The costs for licensing may be found on the City of Norfolk's website: https://www.norfolk.gov/4616/Animal-Licenses.

Health of Animals

- Vaccinations - The animal must be immunized against diseases common to that type of animal as recommended by the American Veterinary Association. All vaccinations must be current, and proof of vaccinations required by law must be provided before moving the animal into University housing.
- A wellness check should be conducted to ensure the cleanliness and health of the animal as well. (ex: free of fleas, worms, etc.) Veterinarian assessment of animal (wellness check), breed/mix of breed, and any other pertinent information must be signed by a licensed veterinarian. · A valid rabies tag must be worn by the animal at all times.
- The student must provide verification of flea prevention treatment for the animal as appropriate.
- Please provide record below and have statement signed by Veterinarian. The University reserves the right to require updated veterinary records or other evidence of the health of the animal at any time.

The University reserves the right to request updated verification at any time during the animal's residency. Documentation shall be maintained at the residence at all times.

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To be completed and signed by the Veterinarian:	
Type of animal:	
Breed (if applicable):	
Name of animal:	Age of animal:
Weight of animal:	
Temperament of animal:	Sound _____ Unsound_____ Playful ____ Curious_____ Aggressive____ Shy ____ Protective_____
Dates of Shots:	
Type of Shots:	
Date of flea and tick treatment:	
Length of time student has had a relationship with this animal:	
Veterinarian Information:	
Please Print Name:	
Address:	
Phone Number:	
License Number:	
Signature:	Date:
Thank you for completing this form. If we need additional information, we will contact you.	