

Disability Verification Form for a Support Animal

Boise State Housing and Residence Life has a no-pets policy.

- Service animals and service animals-in-training are allowed.
- A support animal for emotional comfort or other types of support for a person with a disability are allowed if approved as an accommodation.

The animal must improve at least one identified symptom or effect of the handler's disability. Support animals may include species other than dogs if they provide the required support.

We need your professional diagnosis to verify the disability(ies) of your patient/client and the need for a support animal. *A disability is defined as a physical or mental condition that substantially limits one or more major life activity. Please provide the following information to help us evaluate an individual's request for a support animal as an accommodation.

Patient Information

First Name:

Middle:

Last:

1. What is your relationship with this patient?
2. Is your clinical relationship with this patient for the condition that requires a support animal? Select: Yes or No
3. How many sessions have you had with the patient? Select: 1-4. 5-10, 10+

4. Select the general type of appointment or session you have with your patient:
- Primary Care
 - Single session for review of the need of support animal
 - File review from another treating professional and confirming interview
 - Crisis intervention or trauma aftermath therapy of 1-4 sessions
 - Limited short-term therapy
 - Ongoing/long-term treatment
 - Other (please explain):
5. Does the individual have a physical, mental health or stress related condition that rises to the level of a disability?* Select: Yes or No
6. How does the animal help alleviate the impact of the condition?
- Diffuse impact of symptoms
 - Reduce overall level of symptoms
 - Provide interactions in moments of high stress
 - Other (please explain):
7. Would there be negative impacts of the person not having the animal with them in the following situations?
- In residence/living space? Yes No
 - In specific situations or contexts? Yes No
- If yes, please describe situation:

8. Would there be negative impacts if your patient and animal were separated for a specific amount of time? Select: Yes or No

If yes, select how long can your patient and the animal be separated:

- No separation at all
- No more than 3 hours
- No more than 8 hours
- Overnight
- A week
- Other (please explain):

9. Will the care responsibilities of the animal in housing/resident life need to be addressed in a special way? Select: Yes or No.

10. Does the animal need to be a specific type? Select: Yes or No

If yes, what type? Select:

- Cat
- Dog
- Non-specified small animal
- Other (please explain):

11. Any other specific requirements for the animal (sex, breed, ect.)? Select: Yes or No

If yes, please explain:

12. Does the animal need special training? Select: Yes or No

If yes, what type of training? Please explain:

13. Is the use of the support animal for a new approach to a fluid condition? Yes or No

If yes, what are the start/end dates? Start: _____ End: _____

Healthcare Provider Information

Provider Name (print):

Title:

License or Certification #:

Address:

Provider Signature:

X

Date:

Phone Number (include area code):

Fax Number (include area code):