



Tusculum University Service or Emotional Support Animal Application

The student applying for ADA services must complete the following and return completed forms by email to ADA Services: adaservices@tusculum.edu

Date: _____

Student Name: _____

Date of Birth: _____ Phone # _____

Tusculum Email: _____ Alternate Email: _____

Student ID: _____ Major: _____

Classification (Select One). ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate student

Are you a residential student? Y N Are you currently enrolled? Y N

Anticipated start date: _____

Are you a Veteran? Y N Are you a high school dual enrolled student? Y N

Type of Animal: Service _____ Emotional Support _____

Animal Name _____ Breed _____

Color of Animal: _____ Weight of Animal _____

The student completes the following:

I, _____, hereby authorize the release of the following information as well as any pertinent documentation for my request to have a service or emotional support animal at Tusculum University for the purpose of determining my eligibility for this animal.

Student's

Signature: _____ Date: _____

Healthcare Provider Section

The following information is to be completed and signed by the licensed provider.

Information about the Student's Disability

1. Does the student have a 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, irrespective of diagnosis.)

Yes _____ No _____

Please define the student's disability as per DSM or ICD guidelines _____

2. Does the student need a Service or Emotional Support Animal to alleviate one or more symptoms of the disability stated above, and not merely as a pet? Yes _____ No _____
3. Please explain why you are recommending the student be approved to have a Service or Emotional Support Animal on campus, specifically as it relates to the student's disability symptoms.
4. When did you first meet with the student regarding this disability?
5. When did you last interact with the student regarding this disability?
6. How many times have you met with the student regarding this disability?

Information about the Proposed ESA

7. Please describe how the animal named here serves as part of the treatment for the student. What beneficial effect does it have on the student's disability?
8. What evidence is there that this Service or Emotional Support Animal has helped this student in the past or currently?

Importance of the ESA to the Student's Well-Being

9. In your opinion, how important is it for the student's well-being that a Service or Emotional Support Animal be in residence on campus?

10. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?

11. Do you believe those responsibilities might exacerbate the student's symptoms in any way?

Thank you for taking the time to complete this form. If we need additional information, we may contact you. The named student has signed this form (below), indicating written permission to share additional information with us in support of the request. By signing this form, the healthcare professional certifies that they are an appropriately licensed professional trained in psychiatric, psychological, or neuropsychological assessment. They further affirm that all information provided is in accordance with professional and ethical standards set forth by their licensing entity.

Healthcare Provider Information

Provider Name (Print): _____

Provider Signature: _____

Type of License: _____ Licensure State: _____

License #: _____

Address: _____

Phone: _____ Email: _____



Tusculum University Veterinarian Verification Form

Name of Student:

Name of Emotional Support Animal or Service Animal: Breed of animal:

Color of animal:

Weight of animal:

Attach the veterinarian's verification that the animal has all veterinary-recommended vaccinations and has been subjected to all other reasonable and necessary animal care measures to maintain the animal's health and prevent contagious disease, as required by local ordinances and regulation.

To be completed by the Veterinarian:

I verify that all the above vaccinations are and will remain current through one year.

I verify that the above mentioned animal has been given a stool sample test for internal parasites and that the stool sample was found to be negative for parasites known or suspected of infecting humans, including roundworms, whipworms, hookworms, tapeworms, and Giardia sp. I further verify that the above mentioned animal has been treated and/or examined and found to be free of flea infestation. I verify that the above animal is in general good health.

Veterinarian Name

(Print): _____

Veterinarian Signature: _____

Type of License: _____ Licensure State: _____

License #: _____

Address: _____

Phone: _____ Email: _____



Tusculum University Alternate Caregiver's Information

In the event that you become ill, or unable to care for the animal, please identify two people that can be contacted to care for your animal in your absence. At least one Alternative Caregiver(s) that you list must reside off campus. As needed, an additional person living on campus may be listed to serve in an emergency as a temporary transitional caregiver until long-term care can be obtained from an off- campus Alternate Caregiver's listed below. The temporary transitional caregiver should be able to remove the animal from campus within 24 hours unless otherwise approved should you become unable to care for it in an emergency. All animals must be removed by an Alternate Caregiver in a timely manner as appropriate for needed care for that animal and not longer than 8 hours from the time of absence of the Owner.

Please notify any Alternate Caregivers before listing their information below.

1. Alternate Caregiver's Name:
Phone Number:
Alternate Caregiver's Address:
Email:

2. Alternate Caregiver's Name:
Phone Number:
Alternate Caregiver's Address:
Email:

Student Name Printed: _____

Hall: _____ Room #: _____

Student Signature: _____



Roommate Acknowledgement Form

I acknowledge that I will share the common areas of my assigned residential space with another student, as well as an Emotional Support Animal or Service Animal approved by the University. I understand that it is my responsibility to contact the ADA Service Office if I have a disability-related concern about living with a specific Emotional Support Animal or Service Animal.

Should I have any concerns regarding the care and control of the approved Emotional Support Animal or Service Animal, I will discuss my concerns with the animal's owner. If the owner and I cannot come to a satisfactory resolution between us, then we will meet with Residential Life staff.

I am aware that the Emotional Support Animal or Service Animal is working with its student partner and I will observe the following etiquette:

- I will refrain from interacting with the animal without the owner's permission.
- I will respect the owner's privacy and refrain from inquiring about their disability and/or other personal information related to disability and/or the ESA or Service Animal. If such information is disclosed to me, I will respect the owner's confidentiality and will only share it on a need to know basis (e.g., emergency situation, or if professional attention or intervention is necessary).

Roommate Signature _____ ID _____ Date _____

Roommate Signature _____ ID _____ Date _____

Roommate Signature _____ ID _____ Date _____

Roommate Signature _____ ID _____ Date _____