

DILLARD UNIVERSITY EMOTIONAL SUPPORT ANIMAL CHECK LIST

Students seeking an exception to the Dillard University animal/pet policy to get approved for an Emotional Support Animal must have a documented disability and a continuing care relationship with a mental health care provider before requesting an Emotional Support Animal.

- ___ Contact Disability Services to learn who may qualify for an ESA, get the paperwork, and find out what is needed to document the diagnosis. Complete ESA Request Form.

- ___ Submit documentation of your mental health impairment using the Dillard University Emotional Support Animal Documentation Form (**this is to be completed by a licensed therapist, psychologist, or psychiatrist with whom you have an ongoing relationship and dated within the past 6 months**). The person submitting your documentation must either be licensed to practice in the state of Louisiana or the student's home town. *Do not use an online service that promises to provide you with an ESA letter for a fee. These services are not able to provide the amount of information needed by Dillard to approve an ESA on campus.*

- ___ Provide a letter from the same Licensed Mental Health Provider (licensed therapist, psychologist, or psychiatrist with whom you have an ongoing relationship). The letter must be on letterhead that includes the professional's office location and phone number, the license number and state of issue, all professional credentials and degrees, and a signature (dated within the past 6 months).

- ___ Have the animal's veterinarian complete the Dillard University Emotional Support Animal Veterinarian Verification Form and submit it to Disability Services.

- ___ Find out how to get proof of a General Liability Insurance Policy in the amount of \$250,000 to cover any property damage or injury that might be caused by the animal while with you at Dillard University. Do not purchase the liability insurance plan until after you are told you are provisionally approved. Then do not bring the ESA to campus until after you are fully approved and have provided proof of insurance.

- ___ Read and sign the Dillard University Emotional Support Animal Policy Acknowledgement Form and submit to Disability Services.

- ___ Provide Disability Services with a clear photo of the animal, along with the name, type, breed, and size of the animal.

- ___ Have each of your roommates/suitemates sign the Emotional Support Animal Roommate/Suitemate Consent and Liability Waiver Form and submit all to Disability Services.

This request and all forms must be completed and submitted to Disability Services by April 15th for continuing Dillard students, and by July 1st for new students, or 60 days before the start of the semester in which you would like to be approved for bringing an Emotional Support Animal to campus. Approval may be delayed. Animals found in the residence halls or apartments without the appropriate and advanced approval must be immediately removed from the facility until the process has been completed. Bringing an animal to campus without the appropriate approval may jeopardize the approval process and lead to a denial of the request.

All completed forms should be submitted to:

Dillard University
Disability Services Office (Dent Hall 106A)
2601 Gentilly Blvd
New Orleans, LA 70122
DisabilityServices@dillard.edu

DILLARD UNIVERSITY

EMOTIONAL SUPPORT ANIMAL POLICY ACKNOWLEDGEMENT FORM (4 pages)

Service and Assistance Animal Acknowledgement Form Dillard University

Through the execution of this form, the undersigned student acknowledges that he/she has submitted appropriate documentation regarding a service or assistance animal. Upon receipt and review of such documentation, the University has approved the accommodation of emotional support animals. However, the student remains solely responsible for the animal under the conditions established below.

An “Emotional Support Animal” is an animal whose sole function is to provide emotional support, comfort, therapy, companionship, therapeutic benefits, or to promote emotional well-being. Emotional Support Animals are not trained to assist an individual with a disability in the activities of daily living and are, therefore, NOT considered Service Animals under the criteria established by the ADA and do not qualify for the same legal protection.

A. The undersigned acknowledges that no animal will be permitted in residence halls or apartments that:

- Is not approved by the University’s Division of Student Success
- Is not approved by the Office of Disability Services
- Is not approved by the University’s Office of Residential Life
- Poses a direct threat to the health or safety of others
- Weighs more than 60lbs
- Would cause substantial physical damage to the property of the University and other residents
- Would pose an undue financial and administrative burden to the University
- Would fundamentally alter the nature of the University's housing operations

B. The undersigned acknowledges that his/her assistance animal will:

- Have all required immunizations and be up-to-date with such immunizations. The undersigned will provide a copy of the immunizations to the Office of Disability Services.
- Be licensed by the relevant state or local entity. The undersigned will provide a copy of such license to the Office of Disability Services along with a picture of the animal and the name to which the animal will respond.
- Be spayed or neutered. The undersigned shall provide a copy of the veterinarian's report reflecting spayed or neutered status to the Office of Disability Services. This requirement usually means that an animal is old enough to have been spayed or neutered. There is no exception.
- Be issued a Certificate of Health (or an equivalent document) signed by a veterinarian certifying the animal is healthy and free from any signs of infectious or contagious diseases, parasites, etc. The undersigned shall submit a copy of such certificate to the Office of Disability Services.
- Wear collars and tags at all times.
- Be kept on a leash at all times when outside the bedroom, residence hall or apartment.
- Never be allowed to run freely. The animal must be under the owner’s control at all times.

- When the animal's owner is not in the residence with the animal, the animal should be stored in a cage, crate or carrier. This is not meant to punish or to make life with an ESA more difficult. It is meant to assure that the ESA fulfills its purpose of providing emotional support for the owner without disrupting the residential life environment for others. Additionally, this will allow staff to access the residential facilities as needed for maintenance or other tasks without posing a risk to the animal.

C. The undersigned acknowledges that the following health, sanitary, safety, and disruptive standards shall be maintained at all times:

- Animals require daily food and attention, as well as a daily assessment of their general health, behavior, and overall welfare. The undersigned shall be solely responsible for the animal's food, attention and daily assessment of overall welfare.
- Animals cannot be left unattended overnight at any time. If the undersigned must be away, they must either take the animal with them or make arrangements for them to be cared for elsewhere, which does not include other residence halls or apartment spaces owned or maintained by the University, including SUNO.
- The ESA owner must have a viable plan in place to safely evacuate the ESA in the event of a campus evacuation such as for a hurricane. An ESA will NOT be allowed to enter any evacuation transportation that is arranged by Dillard University.
- Emotional support animals must not be taken into the residence hall or apartment offices, administrative offices, common space, non-residential buildings or spaces, or student living areas. Animals observed outside of the residence hall space will be considered in violation of this policy.
- The undersigned is responsible for the removal of all animal waste generated by their support/assistance animal. Animal feces, defined as cat litter box contents and any solid animal waste, must be disposed of properly. It is the undersigned's responsibility to remove feces from University grounds, dispose of it in a plastic bag, and then place that bag in the garbage dumpsters outside. Cleanup must occur IMMEDIATELY. Animal feces may not be disposed of in any trash receptacle or through the sewer system inside any building on the University campus. Waste MUST be taken to any dumpster for disposal. A map will be provided to you once your residence location has been finalized. Animal waste must be disposed of in a dumpster immediately. Walking away without immediately picking up the waste will be considered a violation of this policy.
- In consideration of the health of the cat and occupants of the apartment or the residence hall room, cat litter box contents must be disposed of properly and regularly. The litter box must be changed with new cat litter regularly as outlined by the manufacturer.
- Animal accidents within the residence hall room or apartment must be promptly cleaned up using appropriate cleaning products.
- Regular and routine cleaning of floors, kennels, cages, and litter boxes must occur. The odor of an animal emanating from the residence hall room or apartment is not acceptable. (see Cleaning Section below).
- All food for the ESA must be kept in an airtight container to minimize attracting pests.
- Any flea infestation must be attended to promptly by the University's contracted professional extermination company at the undersigned's expense. The undersigned is expected to promptly notify the Office of Residential Life of any infestation and arrange for extermination when a flea problem is noted. The undersigned may take some precautionary measures such as flea medications prescribed by veterinarians, flea and

tick collars, and taking your animal to the veterinarian for flea and tick baths. However, University staff may not use chemical agents and insecticides to exterminate fleas and ticks. Because not all of the precautions listed above can prevent flea and tick infestations, the undersigned is responsible for extermination costs after vacating the residence hall room or apartment.

- Animals must not be allowed to disrupt others (e.g., barking continuously, growling, yowling, howling, etc.). Animals that constitute a threat or nuisance to staff, residents or property, as determined by the Director of Residential Life or designee, must be removed within seven (7) days of notification. If Dillard University Police Department personnel determine an animal poses an immediate threat, animal control may be summoned to remove the animal. If the behavior of an animal can be addressed by the undersigned and the undersigned can change the behavior of an animal so the pet does not have to be removed, then a written action plan must be submitted by the undersigned. The action plan must outline the action to take place to alleviate the problems and also must give a deadline as to the length of time the plan will take to complete. Any action plan must meet the approval of the Director of Residential Life or his/her designee. The day after the deadline for removal from the apartment, University staff will do a residence hall room or apartment inspection to check damages and infestation and then the mandatory cleaning and extermination will be scheduled. Any student found not adhering to the removal directive will be subject to disciplinary action, which could include housing contract cancellation, suspension, or expulsion.
- An animal must not be involved in an incident where a person experiences either the threat of or an actual injury as a result of the animal's behavior. The undersigned will take all reasonable precautions to protect university staff and residents, as well as the property of the University and of the residents.
- The undersigned will notify Housing and Residence Life staff via the Office of Residential Life if the animal has escaped its confines and is unable to be located within eight (8) hours.
- Residents with an approved ESA will have their residence inspected by Residence Life at least once each semester for fleas, ticks, and possible damage caused by the ESA. If any pest or damage is detected, the issue will be addressed by the University and the ESA owner will be charged.
- Dillard University retains the right to relocate the ESA and owner as necessary.
- If an ESA is ordered to be removed from campus and the owner fails to do so in the stated amount of time, Dillard has the right to take the animal to a local animal shelter. The ESA owner must still fulfill their housing obligations as outlined in the housing contract.

D. Cleaning and Damages

- When the undersigned moves out of his/her apartment or residence hall room, or no longer owns the animal the apartment or residence hall room will be assessed to determine if damage to department property can be attributed to the animal. The University maintains the right to conduct apartment or residence hall room inspections periodically for the purpose of assessing the damage caused by the animal or to otherwise determine the undersigned's compliance with this procedure.

- The undersigned has an obligation to make sure that the apartment or residence hall room is as clean as the original standard. If the apartment or room has carpeting, this also includes regular vacuuming and spot cleaning. Damages and extraordinary cleaning caused by the animal are the responsibility of the undersigned. Replacement or repair of damaged items will be the financial responsibility of the undersigned and assessed by members of the Housing and Housing and Housing and Residence Life and/or Facilities Management staff.
- The undersigned must secure an external general liability insurance policy in the amount of \$250,000. A certificate of insurance must be included in the Emotional Support Animal Request Packet.

Finally, the undersigned acknowledges that all liability for the actions of the animal (bites, scratches, etc.) is the responsibility of the Undersigned. Violations concerning any of the aforementioned may result in the resident having to find alternative housing off-campus for the animal and, as warranted, may also result in a resident being in breach of their housing contract.

Student Printed Name

Student ID Number

Student Signature

Agreement Date

ODS Approval Signature

Approval Date

OHRL Approval Signature

Approval Date

DILLARD UNIVERSITY
EMOTIONAL SUPPORT ANIMAL REQUEST FORM

This page is to be completed by the student. Please complete, then initial, sign & date.

Student Name: _____

Email address: _____ Phone: _____

DU ID#: _____ Year in School: _____ Date of Birth: _____

Home/permanent address: _____

City: _____ State: _____ Zip: _____

Campus Address: _____

Check One: Continuing Dillard Student

New or Transfer Dillard Student

_____ I am initialing here to give my permission to allow Dillard University to share pertinent information related to my request for an Emotional Support Animal (ESA). This request may involve sharing information as needed with Dillard employees in Disability Services, Residential Life, Student Health and Wellness, Student Support Services and Counseling Services, and the Dean of Students Office.

_____ I am initialing here to give my permission for Residential Life staff to inform other nearby residents of the presence of an Emotional Support Animal (ESA). This includes me getting an agreement signed by roommates and suitemates. Please list your housing assignment below and the names of the known roommates and suitemates. Dillard has my permission to contact any roommates or suitemates not listed below if they are later assigned to the same room or suite. No information about the nature of the diagnosis will be shared. Only information about the animal, breed, and size.

Housing Assignment (building & room number) _____

Roommates/Suitemates Name:

Contact Information (email & phone):

Signature of Dillard student completing the form

Date

DILLARD UNIVERSITY
EMOTIONAL SUPPORT ANIMAL DOCUMENTATION FORM (3 pages)

This form is to be completed by the licensed therapist, psychologist, or psychiatrist with whom there is an ongoing relationship. They must be licensed in Louisiana or in the student's home state.

Name of the Dillard University Student: _____

Name of the medical professional completing this form: _____

Title and Credentials of the professional completing this form: _____

Office address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Phone: _____

What is the physical or mental impairment that substantially limits one or more of the student's major life activities? _____

What major life activity, as described in the ADA, does this impairment substantially limit?

Please indicate the degree to which the impairment limits the student's major life activities?

What is the original date of diagnosis? _____

What instruments or diagnostic tests were used? _____

Name of the person who made this diagnosis? _____

What are the credentials and specialty of the person making the diagnosis? _____

Date of the most recent evaluation? _____

How many sessions have you had with the student? _____

Please describe the nature of the existing and ongoing therapeutic/professional relationship with this student including frequency of therapy. _____

Please list all medications along with dosage and frequency to treat the impairment. _____

Please list any other treatments, devices, or services prescribed for the impairment. _____

What is the expected duration, stability, or progression of the impairment? _____

Please verify, and provide the date, that you met in person with and observed the student and their interaction with the ESA. _____

Please describe how the Emotional Support Animal is part of a treatment plan. _____

How does this animal provide assistance as it directly relates to life activities that have been substantially limited by the student's disability diagnosis? _____

Please describe how the recommended animal serves a role in mitigating the impacts of the impairment in ways that go beyond the benefits that the typical individual receives from a pet.

How does this animal relate to the student's ability to reside in and enjoy the living arrangements provided by Dillard University? _____

Signature of person completing the form

Date

DILLARD UNIVERSITY

EMOTIONAL SUPPORT ANIMAL VETERINARIAN VERIFICATION FORM (2 pages)

This is the only section of this form to be completed by the student. Please write neatly.

Student Name: _____

Email address: _____ Phone: _____

DU ID#: _____ Year in School: _____ Date of Birth: _____

Home/permanent address: _____

City: _____ State: _____ Zip: _____

Campus Address: _____

Check One: Continuing Dillard Student

New or Transfer Dillard Student

The remainder of this form is to be completed by the veterinarian who evaluates the animal.

Veterinarian Name: _____

Clinic Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Animal name: _____

Animal type and breed: _____

Animal age: _____ Current weight: _____ Expected adult weight: _____

Male Female

Is this animal spayed or neutered? Yes No

Has the animal been treated for fleas? Yes No

Stool sample tested for internal parasites result: _____ Positive _____ Negative

Please list all vaccinations and date

- Dog: Distemper _____
- Hepatitis _____
- Leptospirosis _____
- Parvovirus _____
- Parainfluenza _____
- Corona _____
- Bordatella _____
- Rabies _____
- Other _____
- Cat: Rabies _____
- Feline Viral Rhinotracheitis _____
- Calicivirus _____
- Panleukepenia _____
- Other _____

Please list any medications or treatment the animal currently receives _____

I verify that the above-mentioned animal has all current vaccinations as required by the City of New Orleans, LA and all state laws. I verify that the animal is in general good health.

Signature of person completing the form

Date

DILLARD UNIVERSITY
EMOTIONAL SUPPORT ANIMAL ROOMMATE/SUITEMATE
CONSENT & LIABILITY WAIVER FORM

This form is to be completed by each roommate/suitemate who will be sharing space with the student who is requesting an Emotional Support Animal.

- ___ I am initialing to indicate that I am aware that my roommate/suitemate _____ may be approved to have an Emotional Support Animal (ESA) in our assigned living area.
- ___ I am initialing to indicate that I am aware of my rights and responsibilities as it pertains to living in an assigned area with an ESA.
- ___ I am initialing to indicate that my roommates/suitemates ESA is a (type and breed):
_____.
- ___ I am initialing to indicate that I do not have a medical condition or aversion that would be exacerbated by living in close proximity to the above listed ESA.
- ___ I am initialing to indicate that I understand that I should contact Dillard University Disability Services if such a condition should become an issue. Disability Services will work with Residential Life to provide reasonable accommodations for residents with a disability or diagnosis that is impacted when living in close proximity to the above listed ESA. Documentation from a medical provider may be required.
- ___ I am initialing to indicate that I agree to live with the resident and the ESA listed above.
- ___ I am initialing to indicate that I consent to allowing the above listed ESA to use the common living space.
- ___ I am initialing to indicate that I may submit an ESA Grievance or Complaint to Disability Services or Residential Life if the animal displays disruptive or threatening behavior.
- ___ I am initialing to indicate that I understand that I will not be held responsible for any damage, cleaning cost, or pest control costs that are associated with the above listed ESA.
- ___ I am initialing to indicate that I agree not to hold Dillard University liable for any damage to personal property, physical injury, or emotional duress caused by living with the above listed ESA.
- ___ I am initialing to indicate that I understand that all roommates/suitemates must sign a consent and liability form to allow the above listed ESA to reside in our assigned room. In the event that one or more roommates/suitemates do not sign this agreement, either the owner and ESA, or the non-approving roommate/suitemates, may be moved to another location.

Signature of person completing the form

Date