



Emotional Support Animal (ESA) Request for Campus Housing (UBCO Students)

Complete this form and submit it to the Disability Resource Centre. Further documentation will be required. An ESA must be prescribed as a treatment plan from a psychiatrist. This form is to request an ESA to live on campus housing. Please note that ESA's are not allowed in the classroom.

Student Information

Name: _____ Student #: _____
Email: _____ Phone: _____
Date: _____ Registered with DRC? (Y / N): _____

Animal Information

Name: _____ Breed: _____
Animal age: _____ Duration you have had animal: _____
Vet name: _____ Vet phone: _____

Required Documentation

Completed Request for Information from your treating psychiatrist and your signed consent form, including name and contact information of your treating psychiatrist.

Detailed information about why you believe it is necessary for you to have this animal with you on campus. For example: what medical issues does the animal address; what purpose or service does the animal provide in terms of your daily functioning in an education setting?

All important information about your animal. For example: any training it has received or is receiving; relevant medical history, behavioural issues.

Veterinarian assessment of animal breed / mix.

Record of license and registration.

Vaccination records.

Once this request form has been received an advisor will contact you to review the process with you. If you are not already registered with the DRC you will be requested to do so. If approved you will also be required to sign a waiver and indemnity agreement and a handler agreement.

Your application is not complete until all of the above components have been received, including a response from the treating psychiatrist.



RELEASE OF INFORMATION

I, _____ Student # _____

authorize and request the release of information from:

Name:	_____
Address:	_____
Phone:	_____
Fax:	_____

Regarding:

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Please send documentation to:

Institution/Dept:	_____
Name:	_____
Fax:	_____

This consent will expire automatically after 90 days from the date on which it is signed or upon fulfillment of the above mentioned purposes.

Signature

Date

Witness: _____

At: _____