



OFFICE FOR STUDENTS WITH DISABILITIES
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9500 GILMAN DRIVE # 0019
LA JOLLA, CALIFORNIA 92093-0019
http://osd.ucsd.edu

Assistance Animal Accommodation Request

The individual below has requested an assistance animal in University owned housing on the basis of a disability, and has disclosed to the Office for Students with Disabilities (OSD) at UC San Diego that you are the treating medical provider for his/her health condition. The University considers the reliability of letters provided to offer verification or certification of the need for an assistance animal and weighs factors including, but not limited to; the extent of the provider's knowledge about the individual; the nature of their relationship; whether that relationship is of an ongoing therapeutic nature; the basis for the assessment of the individual; the specificity of the letter; and the basis of the assessment that the animal will ameliorate symptoms. In accordance with professional ethics, this form may not be completed by a family member.

Individual's Name _____ DOB _____

Spouse/Dependent's Name _____ DOB _____

TO BE COMPLETED BY THE PROVIDER:

Name/Title of Certifying Professional (Please print)

License # _____ State _____

Address _____

Telephone Number _____ Fax Number _____

Provider Certification:

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the individual named above. In cases where the diagnostic assessment of the individual was performed by another clinician, my signature confirms the review of the original assessment and agreement of the diagnosis.

OR

If you feel you CANNOT provide documentation for this individual, please indicate the reason below:
I am not treating this individual
I have referred to another clinician
I would need additional sessions with the individual to complete this form
Other
I have not diagnosed this individual
I have referred for additional evaluation
I have insufficient information to describe functional limitations that would impact the individual's academic work/major life activities and/or need for an Assistance Animal

Signature _____

Date _____

Individual's Name _____ DOB _____

1. What is the initial date of the diagnosis(es)?

2. Is the individual currently under your care for this diagnosis(es)? YES NO

3. We generally look for reliable documentation from a provider who has an *ongoing therapeutic relationship* with the individual. Please list the dates you treated the individual within the last 6 months specifically for their mental health diagnosis(es)?

4. Does this individual have a current diagnosis as per the DSM-V? YES NO

a. If YES, what factors do you believe would indicate that this condition would be a disability under the ADA?

5. What are the individual's current functional limitations?

6. What were the evaluation procedures used to determine these functional limitations?

7. In your professional and objective opinion, how does the animal mitigate these limitations and in what ways?

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8. Have you **observed the individual** with his/her animal? YES NO
- a. If YES, please characterize these interactions. How have you seen the animal help/assist the individual?
- b. If NO, please clarify the *basis for concluding* that the animal mitigates or will mitigate the individual's symptoms.
9. Do you consider the animal to be a necessary component of the individual's current treatment plan? YES NO
10. If the animal serves a role in mitigating the impacts of the individual's disability, please explain the ways in which the animal's impact goes *beyond the benefits* that the typical individual receives when having/interacting with a pet?
11. The University provides housing accommodations on an annual basis, and therefore, will need annual updates. How do you plan to assess this individual's continued need for an animal and how frequently do you plan to do this?

Based on your observations and opinions of the individual's limitations, if there other impacted areas for which you believe the individual would benefit from additional accommodations and/or if you feel that the individual would benefit from having access to the assistance/emotional support animal outside of housing, please complete our Documentation of Psychological Conditions form at https://osd.ucsd.edu/_files/forms-for-medical-professionals/Documentation-Form-for-Psychological-Disabilities-FINAL-6.13.19.pdf and submit along with this form.