

Assistance Animal Evaluator Form

INSTRUCTIONS

- **Must be completed and signed by health care professional**
- **Must include descriptive responses in paragraph form**

Americans with Disabilities Act Amendments Act (ADAAA)

An individual with a disability is defined by the ADAAA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

UNI Policy 8.09:

Assistance animals are animals that provide therapeutic benefit to individuals with a disability, and are prescribed by a physician or licensed mental health professional.

Student Information

Student Name:	Student ID#:
Student Birthdate:	Type of Assistance Animal Sought:

Health Professional Credentials

Name:	License #:	Licensing State:
Area of Specialization:		
Address:		
City:	State:	Zip:
Phone #:	Fax #:	Email Address:

Disability Assessment

Describe the general nature of your professional relationship with the individual. (i.e. primary care, single session to review need for an emotional support animal (ESA), crisis intervention, ongoing treatment/therapy, etc.)

Does the individual have a diagnosed physical or mental impairment? Yes No

If yes, what is the diagnosis?

Does the impairment **substantially** limit any major life activities? Yes No

If yes, please describe the major life activities that are limited.

Describe the work, tasks, assistance, and/or therapeutic support this animal provides above the traditional pet relationship for the individual.

If the animal has been prescribed as part of a treatment plan for the above listed disability:

What symptoms will be reduced by having the animal?

In your professional opinion, how important is it for the student's well-being that the assistance animal be in residence on campus?

What consequences, if any, may result if the accommodation is not approved?

Release of Information

If clarifying information based on this request were needed, students should also complete a release of information form to enable University staff to speak with their provider(s). Our standard release can be found on the Student Accessibility Services [website](#).

I verify that the accompanying student information is correct, that the student is under my care, and that I am not a relative of the student.

Signature of Healthcare Professional:	Date:
---------------------------------------	-------