Emotional Support Animals in Residence Life Information

The University of Memphis does not allow pets in residence halls. Nor does the University allow pets or animals on campus.

Emotional Support Animals in residence halls may be approved through the following process:

1. The Student must provide the appropriate documentation from a therapist, counselor, or medical professional appropriately licensed in the student’s home state and who has an established therapeutic relationship with the student.
2. The documentation must be submitted to Disability Resources for Students for review.
3. Disability Resources will meet with the student to discuss the need for an emotional support animal in the residence halls.
4. Disability Resources will provide a recommendation to Residence Life and Dining Services of the student’s need for an emotional support animal.
5. Residence Life and Dining Services will make the final determination on whether the student’s requested animal is reasonable in the context of the housing program.
6. The student may need to submit additional information about the type of animal prior to approval by residence life.

The student is not allowed to bring the animal to campus prior to receiving written approval from Residence Life and Dining Services. The student must follow all applicable laws and regulations in the City of Memphis and Shelby County, Tennessee in regards to care, licensing, and vaccinations.

If approved, the emotional support animal is not allowed to be present in other areas of campus. The animal is to be appropriately confined to the student’s assigned living space except for toileting purposes as appropriate.
REQUEST FOR INFORMATION Re: Emotional Support Animal

Release Authorization

I hereby authorize ___________________________ to release the medical information requested herein to Disability Resources for Students at The University of Memphis for the purposes of determining my eligibility for disability related services and / or academic accommodations.

Print Name: _______________________________  ID: ________________

Date of Birth: _____________________________

Date: __________  Signature: _____________________________

The above-named student has indicated that you are the physician, psychiatrist, or mental health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall at The University of Memphis will be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. We will accept documentation from providers in the State of Tennessee, or the student’s home state, who have had an ongoing therapeutic relationship with the student.

Please answer the following questions:

MEDICAL DOCUMENTATION FORM

To be filled out by Medical or Health Care Provider
(Please Print Legibly)

Provider Name: _______________________________  Credentials: ____________

Please answer the following questions as completely as possible. Are you the primary care physician or therapist/counselor for this patient?  Yes  No

How long have you treated this patient? ________________

Date of last visit: ________________  Frequency of visits: ____________
Medical Diagnoses/Prescribed Medications: Please include DSM-IV-TR or DSM-5 codes:


Proposed ESA:

Animal's Name: ______________
Type of Animal: ______________
Age of Animal: ______________

Information About the Student's Disability
(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

Describe the specific nature of the student's mental health impairment and symptomology.


Does the student require ongoing treatment? If so, please describe.


What other interventions have been used?
Information About the Proposed ESA
Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while living on campus?

What specific symptoms will be reduced by having the ESA?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Is there evidence that this ESA has helped this student in the past or currently?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Importance of ESA to Student’s Well-Being
In your opinion, how important is it for the student’s well-being that this specific ESA be in residence on campus? What consequences, if any, in terms of disability symptomology may result if the accommodation is not approved?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student’s symptoms in any way?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Do you have specialty evaluations or reports (e.g., neuropsychological, psychiatric, visual, hearing, speech, physical therapy, occupational therapy, etc.) on this patient?

Yes    No    If yes, please include a copy.

Is the student requesting other accommodations or considerations in the academic environment? Yes (please explain)    No

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please use this additional space to provide any other information you believe will be helpful to us in assisting your patient in his / her academic endeavors at the University:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Physician’s Signature ___________________________ Date __________

Physician’s Telephone No. ________________________

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having an ESA in the residence hall can be a benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.
Support Animal Expectations

Residents who have been approved to have a support animal by the University of Memphis Disability Resource Services and Department of Residence Life will be permitted to have the approved animal live in their assigned room subject to the expectations contained in this document. Please note that this document outlines the general rights and responsibilities of residents with an assistance animal. These expectations are not intended to provide an exhaustive list of assistance animal-related issues that may arise, and the University of Memphis may alter this document at any time in its sole discretion. All residents, and their assistance animals, are expected to comply with the policies outlined in the University Housing Policies (http://www.memphis.edu/reslife)

Upon entry, all residents complete an initial room condition report of their room or suite. Residence Life has the right to inspect any university housing space to complete routine health and safety inspections. Any resident with an approved support animal is expected to inform Residence Life staff in writing if there is concern for staff members’ safety if staff members enter when the owner is not present. Disability Resource Services and the Department of Residence Life must approve all support animals PRIOR to being allowed in university housing. The suitability of any particular assistance animal for on-campus living is determined by Disability Resource Services and the Department of Residence Life.

1. All U of M residence hall students who are provided with an assistance animal accommodation must comply with all state laws and local animal ordinances, as well as all residence hall policies and guidelines including, but not limited to, those enumerated herein.

2. Residents with an approved assistance animal are fully responsible for the appropriate care of their assistance animal, including providing appropriate grooming, food and water, and may not allow their assistance animal to be neglected. The University of Memphis assumes no responsibility for the care of the resident's assistance animal. Residents may not allow their assistance animal to be neglected, nor may residents leave the animal unattended for unreasonable amount of time.

3. In the event that Residence Life has concerns with respect to my assistance animal's wellbeing and The University of Memphis is unable to reasonably reach me, I authorize The University of Memphis to contact______________________________ at (_____) _________-________, to make arrangements for my animal's wellbeing. I understand that if The University of Memphis is unable to reach my alternative contact, or me it will contact the University of Memphis Police Department and/or Shelby County Animal Control to take custody of my animal.

4. Residents are responsible for any odors, noise, damage or other conduct of the assistance animal that disturbs or damages the premises. Any damages to room furnishings, carpeting or other finishes will result in assessment of replacement costs of property to the student hosting the assistance animal. The resident will be responsible for any policy violation(s) or facility damage caused by the assistance animal.

5. Host roommate desires and needs will be factored into the decision regarding an emotional support animal. Roommate allergies and other considerations may result in a reassignment of a student seeking an assistance animal accommodation.
6. All assistance animals must be kept out of common areas utilized by students including lounges, study areas, meeting rooms, computer rooms, etc. Assistance animals are only permitted in the hallways, stairways, or elevators if they are being transported to or from the owner’s room utilizing the shortest route between the outside and the residents’ assigned room.

7. Assistance animals are permitted only in the resident’s assigned residence hall and must be kept in the carrier when the resident owner is not there.

8. Residents must be in appropriate control of their assistance animal at all times. All assistance animals must be maintained under a standard measure of restraint (leash or carrier) when outside of the resident’s assigned room.

9. The assistance animal’s waste must be disposed of properly. It is the owner’s sole responsibility to collect and dispose of all animal waste (indoors and outdoors) in a timely, effective fashion. Cat litter boxes may not be placed directly on carpet and must have a protective layer between the box and the carpet/floor that extends beyond the edges of the litter box. Litter box waste must be placed in outdoor garbage collection locations. Outdoor waste, specifically feces, must be collected promptly in a bag and disposed of in an outdoor garbage.

10. Residents must remove assistance animals that constitute a nuisance or danger to other residents or guests or that constitute a danger to property of other residents or the University, as determined by Residence Life. In the event the approved assistance animal is no longer permitted, the resident will be notified in writing and must remove the animal immediately, unless otherwise agreed to in writing by Residence Life.

11. The resident will take all reasonable precautions to protect individuals who may come into contact with the assistance animal, as well as the property of the University and other students/residents. All liability for the actions of the assistance animal (bites, scratches, odors, etc.) is the sole responsibility of the resident. Each resident is financially responsible for any losses or damage caused by their assistance animal(s).

12. The resident must comply with all required state and municipal license requirements, including current identification and vaccination tags when applicable. Assistance dogs must wear a current rabies vaccination tag. Residents must provide requested verification of all veterinarian recommended vaccinations as well as proof of absence of communicable diseases, fleas and parasites (annually or as needed, thereafter).

13. Violation of the above requirements may result in revocation of the assistance animal accommodation.

14. Assistance animals must have the following paperwork on file with the Departments of Disability Resource Services and Residence Life:
   a. Proof of current vaccinations as required by state law and/or municipal ordinance
   b. Proof of regular treatment for fleas and must be treated for fleas
   c. Proof of City of Memphis animal license animal

Read and Understood:

_________________________  _______________________
Resident Signature   Date
Roommate/Suitemate Acknowledgement of Assistance/Comfort Animal

Roommate/suitemate acknowledgement for sharing of a University of Memphis Residence Life space with a student provided an assistance animal accommodation.
Name of resident who is the owner: ____________________________  Assignment: ____________________________

Description of animal: ____________________________________  Semester: ____________________________
__________________________________________________________________________________________

By my signature below, I acknowledge that I will share my assigned U of M University Housing assignment with a Roommate/suitemate that has an assistance animal. Should I have any concerns regarding the behavior, location, or care of the animal, I will first discuss my concerns with the animal’s owner. If I continue to have concerns, or if I am uncomfortable discussing my concerns with the animal’s owner, I will contact the appropriate Residence Life administrator.

__________________________________________________________________________________________

Roommate/Suitemate’s Name, Signature and date  Roommate/Suitemate’s Name, Signature and Date
Roommate/Suitemate’s Name, Signature and date  Roommate/Suitemate’s Name, Signature and Date
Roommate/Suitemate’s Name, Signature and date  Roommate/Suitemate’s Name, Signature and Date
Roommate/Suitemate’s Name, Signature and date  Roommate/Suitemate’s Name, Signature and Date
Roommate/Suitemate’s Name, Signature and date  Roommate/Suitemate’s Name, Signature and Date
Roommate/Suitemate’s Name, Signature and date  Roommate/Suitemate’s Name, Signature and Date
Roommate/Suitemate’s Name, Signature and date  Roommate/Suitemate’s Name, Signature and Date
Roommate/Suitemate’s Name, Signature and date  Roommate/Suitemate’s Name, Signature and Date
Roommate/Suitemate’s Name, Signature and date  Roommate/Suitemate’s Name, Signature and Date
Roommate/Suitemate’s Name, Signature and date  Roommate/Suitemate’s Name, Signature and Date
Roommate/Suitemate’s Name, Signature and date  Roommate/Suitemate’s Name, Signature and Date

Residence Life Administrator:
Aretha Milligan
Associate Director
armillgn@memphis.edu
901 -678-591 3