



**University of Kentucky**  
 Disability Resource Center  
 Division of Student and Academic Life  
 Multidisciplinary Science Bldg.  
 Suite 407  
 Lexington, KY 40536-0082  
 859 257-2754  
*fax* 859 257-1980  
[www.uky.edu/drc](http://www.uky.edu/drc)

**EMOTIONAL SUPPORT ANIMAL VERIFICATION REQUEST**

Part 1 and Part 2 are to be completed by the student and returned to the Disability Resource Center. Part 3 will be completed by the student's care providers

**REGULATION:**

The Fair Housing Act defines an emotional support animal as any animal that provides emotional support, well-being, or companionship that alleviates or mitigates symptoms of the disability; the animal is not individually trained. Emotional support animals are not limited to dogs and can be other species of animal. Emotional support animals are not family pets and not considered as service animals. In order to bring an emotional support animal to campus, the Owner must contact the DRC no less than 30 days prior to arrival, in order to permit time to gather all necessary documentation. Animals should not be brought to campus prior to final approval being granted. ESA's are not family pets. UK will make an individual assessment of each proposed emotional support animal. Dogs must be completely trained and housebroken. The use of "puppy pads" will not be permitted. For the purpose of this assessment, reptiles, other than turtles are not permitted and at least a three month relationship with the animal is required. (FHEO Notice: FHEO-2020-01 ) "Because of the confines of the University residential spaces, the student may not request an animal weighing in excess of 75 pounds as a support animal. The species of animals allowed as support animals will be determined by the Disability Resource Center." (University of Kentucky Administrative Regulation 6:11 – VIII:D)

**PART ONE**

Student Name:	<input type="text"/>	ID#	<input type="text"/>
Student's Date of Birth:	<input type="text"/>	Disability:	<input type="text"/>
I am requesting a reasonable accommodation to lessen the impact of my disability in University Housing.			
I authorize the University of Kentucky to receive information from my care provider in order to verify my disability and determine reasonable accommodations for Residential Life. I also authorize my care provider to discuss my condition, if needed, with appropriate UK personnel.			
By signing below, I affirm that all personal statements are true and correct. I understand that falsifying or misrepresenting facts or information may result in a denial for an Emotional Support Animal.			
Animal being requested:	<input type="text"/>	Breed:	<input type="text"/>
Name of Animal:	<input type="text"/>	Color of Animal:	<input type="text"/>
<u>(please submit vet records showing rabies vaccinations with paperwork and a photo of the animal)</u>			
Student Signature:	<input type="text"/>		Date: <input type="text"/>



**PART TWO**

Primary Care Provider Name:			
Clinic:			
Address:	City:	State:	Zip Code:
Phone Number:			
Fax Number:			

**PART THREE**

(To be filled out by a licensed care provider)

Specific Diagnosis:		Specific Diagnosis:	
Specific Diagnosis:		Specific Diagnosis:	
Is the individual seeking the approval of a support animal a person with a disability that substantially limits one or more of the person's major life activities? Yes ( ) No ( ).			
How long have you worked with this individual? <input type="text"/>			
What type of animal does this individual require to address his/her disability? <input type="text"/>			
How long has the individual had a relationship with this animal? <input type="text"/>			
As the provider, is an ESA part of your recommended therapeutic treatment that you will be monitoring for this individual? <input type="text"/> (please initial)			
If the individual does not currently have a relationship with the animal, please describe how a new animal will be beneficial in addressing the symptoms caused by his/her disability:			
<input type="text"/>			
<input type="text"/>			
Is this animal necessary and required for this individual to live in the residence halls or campus housing at the University of Kentucky? Yes ( ) No ( ).			
Printed Name:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>	Professional Title:	<input type="text"/>
State License/Certification:	<input type="text"/>	Certification #	<input type="text"/>
Address:	<input type="text"/>	City/State/Zip:	<input type="text"/>
Phone Number:	<input type="text"/>	Fax Number?	<input type="text"/>

All information is confidential and can be forwarded to:

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