



HOBART AND WILLIAM SMITH COLLEGES

**ASSISTANCE ANIMAL REQUEST VERIFICATION FORM**

**NOTICE:** Please submit this form to the Office of Residential Education (“Residential Education”) at least 30 days prior to the Assistance Animal’s anticipated arrival on campus. For more information about the use of Assistance Animals on Campus, please see the Policy for Student Use of Animals on Campus. Students ARE NOT permitted to bring Assistance Animals on campus until they receive written confirmation from Residential Education that their request to utilize an Assistance Animal has been approved.

**PART I** (Part I is to be completed by the student seeking to utilize an Assistance Animal on campus).

**Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Type of Proposed Assistance Animal: \_\_\_\_\_

Are the proposed Assistance Animal’s vaccinations up-to-date?

Yes  No

Is the proposed Assistance Animal housebroken?

Yes  No

**Student Status:**  Incoming First Year Student  
 Transfer Student Class Year \_\_\_\_\_  
 Returning Student Class Year \_\_\_\_\_



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By my signature below, I certify that the information provided above is true and correct and that I have read the HWS Policy for Student Use of Animals on Campus ("Policy") and that I will abide by the Policy. I authorize the provider listed below to complete this verification form and speak with a representative of Hobart & William Smith Colleges ("HWS") about my request for an Assistance Animal. I further grant HWS permission to review all documentation provided along with this form and to share the documentation with staff members in Residential Education and other authorized HWS officials in order to assess whether I have a disability and/or my need for an Assistance Animal. I further grant HWS permission to disclose my request for an Assistance Animal to those individuals who may be impacted by the presence of the animal including, but not limited to, Residential Education personnel and potential and/or actual roommate(s)/neighbor(s). I understand that such information shall be limited to information related to the animal and shall not include information related to my disability

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**PART II** (Part II is to be completed by the student's treating healthcare provider).

**Provider Name:** \_\_\_\_\_

**Provider Degree:** \_\_\_\_\_  
**License**

**Number/State:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

1. Please describe your relationship to the student (i.e., job title; length of time treating the student; whether you are related to the student).

2. Have you examined the student in person?

Yes

No



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3. How long have you known the student and on what date did you last examine the student in person?

4. Does the student have a physical and/or mental disability that substantially limits one or more major life activities that would be encountered in a college residential living environment (e.g. self-care, sleeping, eating, performing manual tasks, walking, or the operation of major bodily functions)? If so, identify the disability(s) and the major life activity(s) that are substantially limited by the student's physical and/or mental disability.

5. Identify the disability-related need for an Assistance Animal and explain how the Assistance Animal alleviates or reduces the symptoms or effects of the student's existing disability.



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6. What type of Assistance Animal is being requested?

7. Other than the Assistance Animal identified in response to Question 6, are there any other accommodations that could be provided to the student in lieu of an Assistance Animal that will have an equal or greater impact on alleviating or reducing the symptoms or effects of the student's existing disability?

By my signature below, I certify that statements I have made on this form are true and correct and that the student is a patient that I have been treating.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_