

## **Animals on Campus Procedures**

11/2020

### **DEFINITIONS**

“Assistance Animal” is an Emotional Support Animal or a Service Animal.

“Disability” is a physical or mental condition or impairment that substantially limits one or more of a person’s major life activities. These limitations may include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, and learning.

“Emotional Support Animal” is an animal that provides emotional support to alleviate one or more identified symptoms or effects of an individual’s Disability and plays an integral part of an individual’s treatment process. An Emotional Support Animal does not need to have any specialized training and is not a pet. For the purposes of this policy, the term Emotional Support Animal encompasses comfort, therapy, and companion animals.

“Service Animal” is a dog or miniature horse individually trained to do work or perform tasks for the benefit of an individual with a Disability, including a physical, sensory, intellectual, or other mental Disability. Examples of work or tasks that a Service Animal may perform include, but are not limited to, the following:

- Assisting individuals who are vision impaired with navigation
- Alerting individuals who are deaf or hard of hearing to the presence of people or sounds
- Pulling a wheelchair
- Assisting an individual during a seizure
- Alerting individuals to the presences of allergens
- Retrieving items such as cell phones or medicine
- Providing physical support and assistance with balance and stability
- Assisting individuals with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors

## ASSISTANCE ANIMALS IN ON-CAMPUS HOUSING

### Requesting an Accommodation for an Emotional Support Animal in On-Campus Housing

At least 30 days before prospective housing will be needed, a student requesting an Emotional Support Animal as an accommodation in on-campus housing must follow the procedure below:<sup>1</sup>

- Fill out a Housing Accommodation Request Form on the UAC's website ([uac.byu.edu](http://uac.byu.edu)).
- Call the UAC (801-422-2767) to schedule an appointment to review the request for the Emotional Support Animal.
- Provide the UAC with a signed and dated letter, on professional letterhead, from the physical or mental health care provider or licensed therapist who is treating the student. If the health care provider is practicing under a supervisor's license, then both the health care provider and the supervisor must sign the letter. The UAC accepts documentation from health care providers who have personal knowledge of the student through a professional relationship involving the provision of health care or disability-related services and who are practicing within their ethical, legal, and professional obligations. As a result, online sources of documentation (e.g., [certapet.com](http://certapet.com), [esalletter.com](http://esalletter.com), [onlinedogter.com](http://onlinedogter.com)) will generally not be accepted unless they meet these standards, and letters from family members will not be accepted due to professional and ethical considerations. The letter must be current within six months of the last treatment session. See "Sample Emotional Support Animal Letter from a Service Provider" in Attachment A. At minimum, the letter should include:
  - **Disability**— a statement that the student has a physical or mental impairment that substantially limits one or more major life activities and describes *how* the resident is substantially impaired in those major life activities. (Simply stating a diagnosis does not communicate how the condition substantially impairs a major life activity. Examples of major life activities include caring for self, eating, concentrating, interacting with others, learning, thinking, sleeping, working, etc.)
  - **Necessity of an Emotional Support Animal**— a statement that the Emotional Support Animal provides a therapeutic benefit in alleviating one or more of the identified effects of the Disability and *how* the Emotional Support Animal mitigates the symptoms or effects of the Disability. (General statements like "reduces anxiety" or "provides comfort" do not provide enough information.)
  - **Contact Dates** — the date when the provider first met with the resident regarding the Disability, and the date of the last professional interaction with the resident regarding the Disability.
  - **Type of Animal** — the type of animal that is requested.

Documentation should be specifically written to provide support for an Emotional Support Animal in BYU on-campus housing.

- Review the Animals on Campus Policy (<https://policy.byu.edu/view/index.php?p=228>).

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<sup>1</sup> In very limited circumstances, requests for an Emotional Support Animal *may* be considered even if the student fails to provide 30 days advance notice. Students should contact the UAC with questions.

## SERVICE ANIMALS ON CAMPUS

### Students with Service Animals in Classrooms and Other Campus Areas

Service Animals are permitted on campus in compliance with state and federal laws. A student with a Service Animal who would like to receive an *optional* letter from the UAC, which could be provided to university faculty and staff inquiring about the animal, must do the following:

- Call the UAC (801-422-2767) to schedule an appointment.
- During the UAC appointment, unless the need for the Service Animal is readily apparent, answer the following two questions:
  - Is the animal required due to a Disability?
  - What task(s) has the animal been trained to perform?
- Provide verification of the Service Animal's current vaccinations and licensing.
- Review the Animals on Campus Policy (<https://policy.byu.edu/view/index.php?p=228>).

### SERVICE ANIMALS IN ON-CAMPUS HOUSING

At least 30 days before prospective housing will be needed, a student who will be residing with a Service Animal must follow the procedure below:<sup>2</sup>

- Fill out a Service Animal in On-Campus Housing Form on the UAC's website ([uac.byu.edu](http://uac.byu.edu)).
- Call the UAC (801-422-2767) to schedule an appointment.
- During the UAC appointment, unless the need for the Service Animal is readily apparent, answer the following two questions:
  - Is the animal required due to a Disability?
  - What task(s) has the animal been trained to perform?
- Review the Animals on Campus Policy (<https://policy.byu.edu/view/index.php?p=228>).

### CONFLICTING DISABILITIES RELATING TO SERVICE ANIMALS ON CAMPUS AND ASSISTANCE ANIMALS IN ON-CAMPUS HOUSING

A student who has a Disability that is aggravated or exacerbated by the presence of or exposure to a Service Animal on campus or an Assistance Animal in on-campus housing must do the following:

- Call the UAC (801-422-2767) to schedule an appointment to review the request for an accommodation that alleviates symptoms of the Disability.
- Provide the UAC with a signed and dated letter, on professional letterhead, from the physical or mental health care provider or licensed therapist who is treating the student.

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<sup>2</sup> Requests for Service Animals *may* be considered even if the student fails to provide 30 days advance notice. Students should contact the UAC with questions.

If the health care provider is practicing under a supervisor's license, then both the health care provider and the supervisor must sign the letter. The UAC accepts documentation from health care providers who have personal knowledge of the student through a professional relationship involving the provision of health care or disability-related services and who are practicing within their ethical, legal, and professional obligations. The letter must be current. Regardless of licensure, letters will not be accepted from family members due to professional and ethical considerations. At minimum, the letter should include:

- **Disability**— a statement that the student has a physical or mental impairment that substantially limits one or more major life activities and describes *how* the student is substantially impaired in those major life activities. (Simply stating a diagnosis does not communicate how the condition substantially impairs a major life activity. Examples of major life activities include breathing, caring for self, eating, concentrating, interacting with others, learning, thinking, sleeping, working, etc.)
- **Necessity of an Accommodation** – a statement regarding the necessity of an accommodation that alleviates symptoms of the Disability on campus or in on-campus housing.
- **Contact Dates** – the date when the provider first met with the student regarding the Disability, and the date of the last professional interaction with the student regarding the Disability.

Documentation should be specifically written to provide support for an accommodation that alleviates symptoms of the Disability on BYU campus or in BYU on-campus housing.

- If the request is for an accommodation in on-campus housing, fill out a Housing Accommodation Request Form on the UAC's website ([uac.byu.edu](http://uac.byu.edu)).
- Review the Animals on Campus Policy (<https://policy.byu.edu/view/index.php?p=228>).

## EMPLOYEES SEEKING AN ACCOMMODATION

Student, staff, and administrative employees seeking the use of an Assistance Animal or an accommodation that alleviates symptoms of their Disability must contact the Equal Opportunity Manager at 801-422-5895. Faculty must contact Faculty Relations at 801-422-7017.

**Attachment A**  
**Sample Emotional Support Animal Letter from a Service Provider**  
(must be on professional letterhead)

[Date] (must be within six months of last treatment session)

Dear BYU University Accessibility Center:

[Full Name of Resident] is my patient, and I affirm that I have a personal knowledge of [first name] through a professional relationship involving the provision of health care or disability-related services and that I am practicing within my ethical, legal, and professional obligations. Due to professional and ethical considerations, I also affirm that I am not a member of [first name]'s family. It is my professional opinion that [first name] has a physical or mental impairment that substantially limits one or more major life activity[ies]. Specifically, my patient is substantially limited in the following major life activity[ies]: (Examples of major life activities include breathing, caring for self, eating, concentrating, interacting with others, learning, thinking, sleeping, working, etc.) in the following ways: [describe *how* the patient is substantially impaired in the major life activities].

I first met with my patient regarding this condition on [date], and the date of my last professional interaction with my patient regarding this condition was [date].

It is anticipated that the presence of an Emotional Support Animal (ESA) will have a therapeutic benefit in alleviating one or more of the identified effects of [first name]'s disability in the following specific ways: [list ways that the ESA will mitigate the effects of the disability for this particular patient; general statements like "reduces anxiety" or "provides comfort" do not provide enough information.]. Thus, in my professional opinion, an ESA is necessary in order for [first name] to use fully and enjoy BYU on-campus housing. Therefore, I am prescribing a [type (and, if applicable, breed) of animal] that will assist [first name] with the symptoms of [his/her] disability.

I am competent to make an assessment regarding the assistive and/or therapeutic benefits of ESAs for people with disabilities such as that experienced by [first name]. I am familiar with the professional literature concerning the therapeutic benefits of assistance animals for people with disabilities such as that experienced by [first name]. Upon request, I will share citations to relevant studies, and, with the appropriate release, would be happy to answer questions you may have concerning my recommendation that [full name of resident] have an ESA in BYU on-campus housing. Should you have additional questions, please do not hesitate to contact me.

Sincerely,

[Signature of Professional (psychotherapist, psychologist, physician, psychiatrist, rehabilitation counselor); if professional is practicing under a supervisor's license, supervisor must also sign]

[Name of Professional]

[Credentials and License # of Professional]

[Address and Contact Information of Professional]