

Emotional Support Animal Request

In accordance with LMU's policy on Emotional Support Animals, residential students who require the assistance of an emotional support animal and who would like to request that the emotional support animal lives with them in campus housing must complete this form and provide the required documentation on or before the applicable deadline: **Fall semester: by July 1; Spring semester: by October 1; Summer semester: by March 1.** Applications submitted after the deadline will not be considered.

Name:	Click or tap here to enter text.	Student ID:	Click or tap here to enter text.
Academic Year:	Choose an item.	Student Email:	Click or tap here to enter text.

I. REQUIRED DOCUMENTATION.

A) MEDICAL DOCUMENTATION.

Students must submit a letter documenting their disability and disability-related need for a specific emotional support animal. The letter must be provided by a licensed and qualified professional with whom a therapeutic relationship with the student has been established. The licensed and qualified professional (e.g. psychologists, neuropsychologists, psychiatrists, clinical social workers, licensed counselors, psychiatric nurse practitioners, and other relevantly trained healthcare professionals qualified to make such diagnoses) must be located in the student's state of residence or the state of Tennessee and must have specifically prescribed an ESA as part of the student's treatment plan. The letter must be printed on the professional's official letterhead, addressed to Lincoln Memorial University, dated within six months prior to the applicable deadline, signed by the professional and include all of the following specific components:

- 1) **Diagnosis-** the specific DSM-V coded diagnosis and the initial date of the diagnosis.
- 2) **Current Impact-** a summary of current symptoms, severity (frequency and duration), and impact of the condition.
- 3) **Limitations-** a statement regarding the functional limitations of the condition on major life activities.
- 4) **Alleviation of Symptoms/Limitations-** a statement identifying how the specific emotional support animal alleviates the symptoms and/or limitations.
- 5) **Recommendation-** Recommended accommodation that should identify a specific emotional support animal.

Documentation from a family member who is a physician, a member of the LMU Office of Mental Health Counseling, or a paid emotional support animal letter writing service will not be accepted.

B) VETERINARY DOCUMENTATION.

Students must have a veterinarian complete LMU's Veterinarian Verification Form verifying that the animal meets all of the following requirements of LMU's Emotional Support Animal Policy:

- 1) At least one (1) year old.
- 2) Spayed/neutered.
- 3) Current on all required vaccinations.
- 4) Is in general good health.
- 5) Is free of flea/tick/heartworm infestation and is on a preventative medicine or has a flea/tick collar.
- 6) Is negative for internal parasites or has been appropriately treated for internal parasites.
- 7) has a demeanor and disposition conducive to living in community housing.

Documentation from a family member who is a veterinarian or an employee of LMU College of Veterinary Medicine will not be accepted.

C) STUDENT VERIFICATION.

Students must complete and submit the Student Verification Form verifying all of the following:

- 1) They have read and understood the Emotional Support Animal Policy.
- 2) They have identified an emergency contact for the animal.
- 3) They will comply with the Owner rules and regulations.
- 4) The animal will be removed from campus housing if there are any violations of the Owner rules and regulations.
- 5) The student may also be subject to discipline for violation of the Owner rules and regulations.
- 6) The student will be required to pay any charges incurred for damage caused by the animal or additional cleaning deemed necessary as a result of having the animal in campus housing.

II. Please upload required documentation here:

a. Medical documentation

b. Veterinary documentation

c. Student verification

Requests will be reviewed, and a decision communicated to the student's LMU email account within ten (10) working days of receipt of the request. Requests that do not include the required documentation or include incomplete documentation will result in a delay in the review and approval process.

If the request is approved, the student will be provided instructions on registering their emotional support animal with the Office of Residential Housing.

If request is denied, the student may appeal the decision in accordance with the Emotional Support Animal Policy Appeal Procedure.



Lincoln Memorial University

Emotional Support Animal Student Verification

Name:	Click or tap here to enter text.	Student ID:	Click or tap here to enter text.
Academic Year:	Choose an item.	Student Email:	Click or tap here to enter text.

Please read and initial each statement.

- _____ I have read LMU's Emotional Support Animal Policy and agree to follow the policy in its entirety.
- _____ I agree to assume all responsibility for the care, control, and supervision of my emotional support animal.
- _____ I understand that I will be subject to discipline for violation of the Owner rules and regulations and set forth in LMU's Emotional Support Animal Policy.
- _____ I understand that I will be required to pay any charges incurred for damage caused by my emotional support animal or additional cleaning deemed necessary as a result of having my emotional support animal in campus housing. I understand that such charges will be placed on my student account and that failure to pay those charges will preclude me from being able to register for classes.
- _____ I assume all liability for any bodily injury sustained by me or a third party which was caused by my emotional support animal.
- _____ I verify that I will at all times maintain the following minimum necessities required to care for and control my emotional support animal:
 - a) food
 - b) a collar and leash (for cats and dogs)
 - c) crate or other containment device
 - d) litter box (for cats)
 - e) waste disposal bags
 - f) flea/tick treatment
 - g) grooming supplies
 - h) sufficient funds for veterinary care
- _____ I understand that if at any time I do not have one or more of the minimum necessities listed above that I will be required to immediately acquire the item or my animal will be removed from campus housing.
- _____ I agree to carry out all reasonable requests regarding the care and control of my emotional support animal made by other residents of my room/apartment and LMU staff.
- _____ I understand that LMU will contact the emergency contact identified below to remove my emotional support animal from campus housing within 24 hours of any emergency or if my emotional support animal is disruptive or causes damage.

Print name: _____

Signature: _____

Date: _____



Lincoln Memorial University

Emotional Support Animal Registration Form

Date: _____

Owner Information

Owner's Name _____ Student ID _____ Cell Phone _____

Owner's On-Campus Address _____ City/State _____ Zip _____

Owner's Permanent Address _____ City/State _____ Zip _____

Emotional Support Animal Information

Animal's Name _____ Species _____ Breed _____

Male Female _____
Animal's Sex _____ Date Spayed/Neutered _____ Color _____ Age & Weight _____

Description of Animal:

Emergency Contact Information

Emergency Contact: The student must provide contact information for an alternative caregiver/emergency contact who will take responsibility of the Emotional Support Animal (ESA) and remove it from campus should the student be unable to care for it (e.g. hospitalization). This caregiver/emergency contact must reside **OFF** campus and be available to remove the ESA within four (4) hours.

Emergency Contact Name _____ Phone #1 _____ Phone #2 _____

Address _____ City/State _____ Zip _____

I, _____, verify that I do not live on campus. I further verify that I will take care of the ESA in the event of an emergency, such as the Owner being hospitalized. I understand that I am expected to be able to arrive at the LMU-Harrogate Campus within four (4) hours of being notified and remove the ESA from campus.

Signature: _____ Date: _____

EMOTIONAL SUPPORT ANIMAL VETERINARIAN VERIFICATION

Student Name:	
Name of Animal:	

To Veterinarian:

The above-named student has requested permission to allow the above-named emotional support animal to live with the student in campus housing. Per LMU policy, the animal must meet certain qualifying conditions to be approved to live in campus housing. Please complete the required information and verify whether the animal meets the required qualifying conditions.

I. VETERINARIAN INFORMATION:

Vet Name:		License Number:	
Business Name:		Business Address:	
Business Phone:		Business Fax:	

II. ANIMAL STATISTICAL INFORMATION:

Animal's Species:		Animal's Breed:	
Animal's Sex:	M <input type="checkbox"/> F <input type="checkbox"/>	Animal's Approximate Age:	Under 1 year <input type="checkbox"/> Over 1 year <input type="checkbox"/>
Animal's Color:		Animal's Weight:	

III. VERIFICATION OF QUALIFYING CONDITIONS

Please answer yes or no to the following questions about the above-named animal.

1) Is the animal at least one (1) year old?	Y <input type="checkbox"/> N <input type="checkbox"/>
2) Has the animal been spayed/neutered?	Y <input type="checkbox"/> N <input type="checkbox"/>
3) Is the animal current on all required vaccinations? <i>*A copy of the animal's vaccination record MUST accompany this form.</i>	Y <input type="checkbox"/> N <input type="checkbox"/>
4) Is the animal in general good health?	Y <input type="checkbox"/> N <input type="checkbox"/>
5) Is the animal free of flea/tick/heartworm infestation?	Y <input type="checkbox"/> N <input type="checkbox"/>
6) Is the animal on preventative flea/tick/heartworm medicine, or does the animal have a flea/tick collar?	Y <input type="checkbox"/> N <input type="checkbox"/>
7) Is the animal negative for internal parasites, or has the animal been appropriately treated for internal parasites?	Y <input type="checkbox"/> N <input type="checkbox"/>
8) Does the animal have a demeanor and disposition conducive to living in community housing?	Y <input type="checkbox"/> N <input type="checkbox"/>

By my signature below, I verify that the above information is true and accurate as of the date signed below.

Veterinarian Signature

Date



Lincoln Memorial University

Emotional Support Animals/Support Animal Policy in Residence Halls Roommate Agreement Housing Contract 2021-2022

Name of Owner: _____

Registration Date: _____

End Date: _____

Name, Type and Description of animal: _____

Please Initial and Sign below:

AGREEMENT:

_____ I have read the Lincoln Memorial University Emotional Support Animal Policies and Procedures agree to abide by the guidelines and procedures listed as well as any reasonable requests made of me by the University at a later date.

_____ I agree to assume all responsibility for the care, control, and supervision of the animal that I have registered with Lincoln Memorial University and that, where applicable, my animal has been licensed in the states of Tennessee, Kentucky or Virginia and is up to date on all required vaccinations. I verify that my animal has been spayed or neutered.

_____ I assume all liability for any injury or damage caused by my ESA.

_____ I understand that I am responsible for arranging alternative care of my animal in case of emergency or if required to be removed due to disruption or damage, etc.

_____ I accept responsibility for carrying out all reasonable requests made by my room- or apartment-mates, other house residents, and/or LMU staff regarding community and personal health, safety, and comfort directly related to the presence of my animal.

_____ I understand that animal-related complaints will be investigated by the Executive Vice President for Administration, Director of Student Conduct and Community Standards, Director for Residential Housing, and Campus Police and Security with the possibility that sanctions may be imposed.

_____ I have discussed this request with my roommate/suitemates/apartment-mates and by their signatures below they have indicated their agreement to share our residence with my approved service/support animal.

Print name: _____

Signature: _____

Date: _____

Roommate/Suitemate Acknowledgement

(Only applicable to roommates/suitemates in residence halls and/or apartment shares)

By my signature below, I understand that I will share the common areas of my assigned residential space with another student, as well as, the animal approved by this agreement. Should I have any concerns regarding the care and control of the approved animal, I will respectfully discuss my concerns with the approved animal's owner. If the owner and I cannot reach an agreement, I will contact the Office of Residential Housing to resolve the concerns and bring these concerns to the Office of Residential and/or Residence Life staff for further mediation or intervention as needed.

I am aware that the animal is working with its student partner and I will observe the following etiquette:

- I will avoid touching the animal or its owner without permission.
- I have no known allergy to this type of animal.
- I will not make noises at the animal as it may distract the animal from doing its job.
- I will not feed the animal as it may disrupt its schedule.
- I will not attempt to startle or distract the animal.
- I will not attempt to separate the animal from its owner.
- I will refrain from asking my roommate about any disability or the assistance the animal provides.
- I recognize students with animals exempt from the no pet policy may not want to talk about very personal matters, including diagnoses and/or treatment.
- I will refrain from gossip or discussion with others related to my roommate's disability or accommodations. If the owner shares medical or disability-related information, I will treat the information as I would any personal information shared in confidence and will only share it on a need-to-know basis (e.g., emergency situations, or if professional attention or intervention is necessary).

Building: _____

Room # _____

Roommate/suitemates/apartment share approval:

Name: _____ Student ID: _____

Signature: _____

Name: _____ Student ID: _____

Signature: _____

Name: _____ Student ID: _____

Signature: _____

Name: _____ Student ID: _____

Signature: _____

Name: _____ Student ID: _____

Signature: _____



Lincoln Memorial University

Office of Student Conduct & Community Standards REQUEST FOR INFORMATION Re: Emotional Support Animal

Release Authorization

I hereby authorize _____ to release the medical information requested herein to the Office of Student Conduct and Community Standards at Lincoln Memorial University for the purpose of determining my eligibility for disability related services and/or housing accommodations.

Student's Name: _____

Student ID Number: _____

Date of Birth: _____

Date: _____

Signature: _____

The above-named student has indicated that you are the physical, psychiatrist, or mental health care provider who has recommended that having an Emotional Support Animal (ESA) in the residence hall at Lincoln Memorial University 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 Tennessee, Kentucky, and Virginia, 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 completed by Medical or Health Care Provider

(Please Print)

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: _____

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.")

What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)

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

How long have you been working with the student regarding this mental health diagnosis and how often do you meet to treat the student's condition? What are the anticipated number of sessions each month?

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 in residence on campus? Please explain your answer to assist us in making a determination of this student's request for an ESA.

What symptoms will be reduced by prescribing the ESA to this student while they reside in their residence?

Is there evidence that an ESA has helped this student in the past or currently helping the student? Please specify how:

Importance of ESA to Student's Well-Being

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

What consequences, 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? (If you have not had this conversation with the student, we will discuss with the student at a later date?)

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 real 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.

Please provide contact information, sign and date this questionnaire (below), and return it to:

Ebony Cox
Director of Student Conduct and Community Standards
Carnegie Vincent Library-105
6965 Cumberland Gap Parkway
Harrogate, Tennessee 37752
Office: 423.869.6365
Fax: 423.869.6445
ebony.cox@lmunet.edu

Professional Contact information: (Please type, print, and sign)

Address:

Telephone:

FAX and/or Email address:

Professional Signature:

Professional Full Name (Printed or Typed)

License #:

Date: