



EASTERN KENTUCKY UNIVERSITY

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Assistance Animal Verification Form

Patient Name:

This form must be completed by a licensed professional. Please answer all of the questions to the best of your professional ability:

1. Is the individual seeking the approval of a support animal a person with a disability, meaning the individual has a physical or mental impairment that substantially limits one or more of the person's major life activities? Yes No
2. What is the specific diagnosis that requires the prescription of a support animal?
3. Please explain how the Assistance Animal helps with the coping of the disability and/or improves the symptoms of the disability. (attach additional documentation if necessary)
4. How long have you worked professionally with this individual?
5. What type of animal is being prescribed to support this individual?
6. How long has the individual had a relationship with this animal?
- 6a. If the individual does not currently have a relationship with the animal, please describe how the introduction of this animal will be beneficial in addressing the symptoms caused by their disability. What strategies will be utilized to minimize the stress to the student caused by the animal? (Attach additional documentation if necessary)
7. Is the prescription of this animal **necessary** and **required** for this individual to live in the residence halls at Eastern Kentucky University? Yes No

Printed Name:

Signature:

Date:

Professional Title:

State License/Certification:

Address: City/State/Zip Phone Number: Fax: