



# DISABILITY VERIFICATION FORM FOR AN ASSISTANCE ANIMAL

## DIRECTIONS FOR HEALTHCARE PROVIDER

Boise State Housing and Residence Life has a no-pets policy. However:

- Service animals and service animals-in-training are allowed.
- An assistance animal for the support and/or emotional comfort of a person with a disability is allowed if approved as an accommodation.
  - A disability is defined as a physical or mental condition that substantially limits one or more major life activity(ies).
  - The animal must improve at least one identified symptom or effect of the handler/owner's disability.
  - Assistance animals may include species other than dogs if they provide the required support.

We need your professional diagnosis to verify the disability(ies) of your patient/client and their disability-related need for an assistance animal.

To help us evaluate this individual's request for an assistance animal as an accommodation, please provide us with the following information by completing this form or by writing a letter that addresses its questions.

## PATIENT INFORMATION

First Name:

Last Name:

1. What is your relationship with this patient?

2. Is your clinical relationship with this patient for the condition that requires an assistance animal?

Select: ☐ Yes or ☐ No

3. How many sessions have you had with the patient?

Select: ☐ 1-4 ☐ 5-10 ☐ 10+

4. Select the general type of appointment or session you have with your patient:

☐ Primary Care

☐ Single session for review of the need of an assistance animal

☐ File review from another treating professional and confirming interview

☐ Crisis intervention or trauma aftermath therapy of 1-4 sessions

☐ Limited short-term therapy

☐ Ongoing/long-term therapy

☐ Other (please explain):

5. Does the individual have a physical, mental health or stress-related condition that rises to the level of a disability? Note: A disability is defined as a physical or mental condition that substantially limits one or more major life activity(ies).

Select: ☐ Yes or ☐ No

6. How does the animal help alleviate the impact of the condition?

- ☐ Diffuse impact of symptoms
- ☐ Reduce overall level of symptoms
- ☐ Provide interactions in moments of high stress
- ☐ Other (please explain):

7. Would there be negative impacts of the person not having the animal with them in the following situations?

- In residence/living space? ☐ Yes ☐ No
- In specific situations or contexts? ☐ Yes ☐ No

If yes, please describe situation:

8. Does the animal need to be a specific type?

Select: ☐ Yes or ☐ No

If yes, what type? Select:

- ☐ Cat
- ☐ Dog
- ☐ Non-specified small animal
- ☐ Other (please explain):

9. Does the patient need more than one assistance animal?

Select: ☐ Yes or ☐ No

If yes, please explain:

10. Is the disability(ies)/condition(s) for which this patient needs an assistance animal permanent?

Select: ☐ Yes or ☐ No

If no, list when the patient should be re-evaluated for a disability-related need for an assistance animal:

## HEALTHCARE PROVIDER INFORMATION

Provider Name (print):

Title/Credentials:

License and/or Certification Number:

Address:

Provider Signature:

X\_\_\_\_\_

Today's Date:

Phone Number (include area code):

Fax Number (include area code):