

Susquehanna University
Office of Disability Services

SERVICE AND ASSISTANCE ANIMAL DISABILITY DOCUMENTATION FORM

To Be Completed by the Student

Name: _____ Birthdate: _____ Graduation Year: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Address: _____

To Be Completed by the Professional

Name: _____ Professional Title: _____ Highest Degree: _____
 License/Certification Number & State: _____ Phone: _____ Email: _____
 Address: _____
 Date of First Contact: _____ Date of Last Contact: _____

Diagnosis:	Does the condition substantially limit a major life activity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> When Active	How would you rate the disability/condition? <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Describe the condition. <input type="checkbox"/> Stable <input type="checkbox"/> Variable <input type="checkbox"/> Progressive
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> When Active	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Stable <input type="checkbox"/> Variable <input type="checkbox"/> Progressive
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> When Active	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Stable <input type="checkbox"/> Variable <input type="checkbox"/> Progressive
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> When Active	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Stable <input type="checkbox"/> Variable <input type="checkbox"/> Progressive

Please supply the information requested below. Attach additional sheets, if necessary, to provide required information.

1. Briefly describe the limitations of the disability.
2. What circumstances cause the symptoms of the disability/condition to manifest?
3. What symptoms and/or effects of this student's disability will be alleviated by the service/assistance animal?
4. What treatments have been tried in the past to address the symptoms/effects of the disability? Describe their effectiveness.
5. What treatment is the student currently undergoing to address the symptoms/effects of the disability? Describe the effectiveness.
6. Please explain how the animal is necessary for the student to have full benefit or enjoyment of campus housing.
7. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Yes No
8. Do you believe those responsibilities might exacerbate the student's symptoms in any way? Yes No
If yes, please describe.

Signature of Professional: _____ Date: _____

Return form to the Director of Disability Services by fax to 570-372-2778 or scan and email it to DisabilityServices@susqu.edu.