



**SERVICE ANIMAL
Student Housing Accommodation Request Form**

While the Seminary is exempt from the requirements of the American Disabilities Act, a reasonable accommodation for service animals will be considered under certain circumstances. Approved service animals will be allowed to access all public spaces including classrooms. The animal must be leashed at all times when outside of the residence of the disabled person.

Section 1: To be completed by the student-applicant

Name: _____ Student ID# _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Occupancy Period(s) Requested: Jan 1 – May 31 _____ Jun 1 – Dec 31 _____ Year _____

Service Animal type and breed: _____

Name of Animal: _____ Male: ___ Female: ___

Is the animal housebroken or housetrained (able to consistently control its waste elimination)?
Yes _____ No _____

Is the animal crate-trained (able to be consistently confined to a closed crate without barking, whining, or whimpering)?
Yes _____ No _____

Do you commit to obtain a current New Orleans dog license issued by a veterinarian in Orleans Parish, Louisiana?
Yes _____ No _____ (please submit a copy with this form and each year thereafter)

Please provide a brief description of the specialized training of the service animal.

I have read, understood, and agree to follow and be bound by the terms and conditions of New Orleans Seminary's Service and Emotional Support Assistance Animal Policies and Procedures.

Student Signature: _____ Date: _____



Section 2: To be completed by a licensed Veterinarian

All pets, service animals, or support animals housed on the NOBTS campus must comply with New Orleans City Ordinances regarding dogs and cats (ref. Article V. – Dogs and Cats; DIVISION 1; Sec. 18-201--18.202).

For dogs, this means the dog has been vaccinated for rabies, distemper, hepatitis, parvo virus, parainfluenza, and bordatella.

For cats, this means the cat has been vaccinated for rabies, rhinotracheitis, calicivirus and panleukopenia.

Animal's Information

Owner's Name: _____ Animal's Name: _____

Animal Type and Breed: _____ Spayed or Neutered? _____

Veterinarian Statement

Vaccinations: I verify the above-mentioned animal has all current vaccinations as listed above. I verify that all the above vaccinations are and will remain current through one year or as instructed by veterinarian.

Stool Sample Test: I verify that the above-mentioned animal has been given a stool sample test for internal parasites and that the stool sample was found to be negative for parasites known or suspected of infecting humans, including roundworms, whipworms, hookworms, tapeworms, and Giardia; or that the animal has been appropriately treated for these parasites.

Flea Treatment: I further verify that the above-mentioned animal has been treated and/or examined and found to be free of flea infestation. I have prescribed appropriate flea preventative treatment for the above-mentioned animal.

General Health: I verify that the above-mentioned animal is in general good health or under an appropriate plan of care.

<p>Veterinarian's Signature:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>My signature verifies that I am the examining or treating professional and that the contents of this form are true and accurate.</p>	<p>Please write or stamp provider's name, title, credentials, and contact information here:</p>
---	---

Applicant: Please submit all three portions of the request forms via fax, Attn: Julie Barentine at 504.816.8457; or scan and email to housing@nobts.edu; or mail to Director of Housing/New Orleans Baptist Seminary/3939 Gentilly Blvd./New Orleans, LA 70126.

Subsequent to this initial form, a copy of a New Orleans pet license must be submitted to the housing office on a yearly basis. The license may be obtained from the veterinarian at the time of vaccination.