



**Emotional Support Animal
Student Housing Accommodation Request Form**

The Housing Office provides reasonable accommodation to students with disabilities who have a verifiable need for the accommodation. The Housing Office is also mindful of health and safety concerns on Seminary property and seeks to balance the needs and rights of all Seminary community members. Documentation provided by an appropriate professional is required to verify the need for emotional support animals generally; to verify the need for support animals in places other than public spaces, such as residence halls; and to verify that the animal is in good health, and has received all required vaccinations.

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 _____

Support Animal type and breed: _____ Male: ___ Female: ___

Name of Animal: _____

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 or cat 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 personal statement supporting your request and describe how the request relates to your condition:

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: _____



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Section 2: To be completed by Health Care Provider

Please note that the Health Care Provider must be a fully-licensed medical or mental health provider and cannot be a family member of the student.

- _____ is my patient/client and has been under my care since _____.
Name Date

- He/she has a mental health diagnosis(es) listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and limitations consistent with the definitions of disability in the Americans with Disabilities Act and the Fair Housing Act [42 U.S.C. 3602 (h)].

- I am currently familiar with his/her history and with the functional limitations imposed by the disability.

- I recommend that he/she live with an Emotional Support Animal in his/her dwelling despite any rules, policies, procedures, or regulations restricting or limiting animals and be provided any other reasonable accommodations in housing to provide emotional support and ameliorate the effects of his/her disability so that he/she can enjoy the benefits of her housing.

Other comments or pertinent information: _____

<p>Health Care Professional's Signature:</p> <p>Signature: _____</p> <p>Date: _____</p> <p>My signature verifies that I am the 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>
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Section 3: 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>
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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.