

**FORM A – Assistance Animal Requests**

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IF YOU ARE SEEKING PERMISSION TO KEEP AN ASSISTANCE ANIMAL THAT HAS NOT BEEN TRAINED TO DO WORK OR PERFORM TASKS, PLEASE HAVE A HEALTH OR SOCIAL SERVICE PROFESSIONAL COMPLETE THIS FORM OR PROVIDE SIMILAR DOCUMENTATION.

RESIDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

I, \_\_\_\_\_ (name of resident), intend to request that Kent State University permit \_\_\_\_\_ (if different from resident, state name and relationship to resident) to have an assistance animal as a reasonable accommodation for a disability. In connection with that application, I am requesting that you complete this form regarding the disability.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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TO BE COMPLETED BY HEALTH OR SOCIAL SERVICE PROFESSIONAL

NAME:

ADDRESS:

TELEPHONE NUMBER:

1. Does the individual identified above have a disability? A disability is a physical or mental impairment that substantially limits one or more major life activities.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Does or would the assistance animal provide some type of disability-related assistance to the individual? One example of assistance is alleviating one or more of the symptoms or effects of a disability.

Yes \_\_\_\_\_ No \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_