Assistance Animal Request

Name & GID: _______________________________ Phone: _____________________

Email: _________________________________________________________________

This request is for: ___ Residence Halls or ___ Family & Graduate Housing

Questions must be completed by a qualified professional. They can be answered on this form, or on official letterhead of the qualifying professional.

**ADA Service Animal Definition:**
“Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability.”

**Companion Animals**
A “companion animal” is a pet that is owned by an individual with a disability. A companion animal is not a service animal and unlike service animals, in some cases, companion animals will not need to accompany the individual with the disability at all times.

Please answer the following questions as complete as you can. If the Person with a Disability (PWD) has the certification from the Service Animal Organization that trained the dog please attach and disregard the questions.

1. Please provide specific evidence that the disability results in a functional limitation requiring an assistance animal.

2. Please provide specific details on work and/or tasks performed by the assistance animal for the individual with a disability.

Please sign:

______________________________________________  ____________________
Signature of Diagnostician Completing Form     Date

______________________________________________
Profession

______________________________________________ /
Professional License/Certification #          State Issuing

Contact Phone

Please return form to:
Disability Services | 180 Strand Union Building | Fax: 406-994-3943 | Phone: 406-994-2824
Montana State University | Bozeman, MT 59717-3960