

Clinical Documentation - Required

This form must be completed by a certified, licensed professional clinician (e.g., primary care or another treating physician, psychiatrist, psychologist, LCSW, or LMFT) that is not a relative of the student.

This information will be kept private and used for disability accommodations in university housing.

Request for Support Animal in University Housing

Diagnosing Professional's Form

Student's Full Name:	
Date of Birth:	
Date of last visit:	

1. Define your specialty and how long the student has been in your care. (Please note, if the student is requesting a dog, there must be at least 30 days of established treatment)

2. Verify that the student has a qualifying disability that impacts one or more major life activities. You need not state any specific diagnosis, nature or extent of the disability.



3.	Describe the symptoms and functional limitations that the support animal will alleviate. How will the support animal affect the student's daily life and areas impacted by their disability? Is there an identifiable nexus between the disability and the assistance the animal provides? Provide specific examples.
4.	What is the likely prognosis for the student if their request for a support animal is approved?
5.	Is the student fully aware of the responsibilities and requirements associated with caring for their support animal?



University & Community Housing Services
University of California
Santa Barbara, CA 93106



Clinician Signature					
Print Clinician Name					
Clinician's License Number					
Address_					
Phone	_Email				

To submit completed form*, please return to the student so they can upload via their secure online housing portal.

*Alternatively, the clinician can choose to compose a letter that addresses the requested information and provide to the student so they can upload it via their secure online housing portal. **The letter must be written within the last 12 months.**