Application For An Assistance/Comfort Animal

Name: ___________________________ Date: ___________________________

Room: ___________________________ Phone Number: ___________________________

Type of Animal (Dog, Cat, Other) ___________________________

Please explain in detail the reason(s) you are requesting an assistance/comfort animal.

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See Attached Owner Statement and Assistance/Comfort Animals In Residence Life Facilities.
USER/OWNER STATEMENT FOR AN ASSISTANCE/COMFORT ANIMAL

As the owner of an assistance/comfort animal, I make the following statements:

I have provided a health certificate signed by a licensed veterinarian indicating that my animal is up-to-date on all vaccinations and is on a wellness program with a veterinarian.

I understand that as an animal owner I must carry the UMW identification card at all times while in a University of Montana Western facility.

I understand that my animal must wear a leash, collar, cape, harness, backpack or other appropriate visible identification that identifies in writing that the animal is an assistance/comfort animal.

My animal is licensed and wears a valid vaccination tag at all times.

My animal is house broken, well-groomed, odor free, and not infected with external parasites (i.e., ticks, fleas or lice).

I will not bring my animal onto campus if it is in estrus (heat).

I understand that my animal must be on a leash at all times while on campus and additionally must be controlled by verbal commands.

I understand that I am responsible for the sanitary disposal of my animal’s waste while on campus.

I understand that my animal will not be in areas where food is being prepared, research labs, areas requiring protective clothing, and primate labs.

I understand that I am liable and responsible for my animal’s behavior and activities while on campus, including property damage.

I understand that I must follow all procedures and requirements of an animal owner as outlined in the Assistance/Comfort Animal procedure.

Owner’s Signature: ___________________________ Date: __________

Owner Printed Name: ____________________________________________

UMW Approval Signature: ___________________________ Date: __________

Department: ___________________________ Title: ___________________________

UMW Denial Signature ___________________________ Date: __________

Department: ___________________________ Title: ___________________________
Assistance/Comfort Animals in Residence Life Facilities

Requirements of Owners and Animals

Students with disabilities requesting the accommodation/modification to have an assistance/comfort animal in Residence Life facilities are responsible for their animal at all times and must comply with the following requirements:

- The owner must have completed the requirements outlined in this procedure.
- The owner must register the assistance/comfort animal by meeting with and completing the necessary paperwork with the Residence Life Office.
- The owner of an assistance/comfort animal understands that the Residence Life office requires a reasonable amount of time to process the request for this accommodation. The owner understands that this process may be delayed due to individual circumstances and specific housing arrangements must register the assistance/comfort animal by meeting with and completing the necessary paperwork with the Residence Life Office.
- The animal must wear a leash, collar, cape, harness, backpack or other appropriate visible identification that identifies in writing that the animal is an assistance/comfort animal.
- The owner of the animal must be in full control of the animal at all times.
- The owner must ensure that animal is on a leash at all times. The owner must take responsibility for the behavior of the animal in private and public places, and for due care and diligence in the use of the animal on campus.
- The animal must be accompanied by the owner at all times while in University facilities.
- The owner is responsible for any property damage caused by the animal.
- The owner must clean up after the animal, including the sanitary disposal of animal wastes.
- Use of the animal shall not constitute a direct threat to the health and safety of others.
- The owner must ensure that the animal is licensed in accordance with Dillon City and Beaverhead County regulations and wears a valid vaccination tag.
- The owner is responsible for the health of the animal and must provide verification from a qualified veterinarian that all vaccinations appropriate for that type of animal are current.
- The owner of an assistance/comfort animal must carry and be able to produce the UMWW owner identification card while in any University of Montana Western facility.
- Other than a dog or a cat, all other assistance/comfort animals must be caged when the owner is not present in the dorm room.
- If an owner obtains a new/different assistance/comfort animal to be used under the provisions of this procedure the new/different assistance/comfort animal must be registered and approved. A new UMWW owner identification card will be created.

Signature of Student: ___________________________ Date: _____________________

Printed Name of Student: ___________________________
ANIMAL REGISTRATION FORM FOR
AN ASISTANCE/COMFORT ANIMAL

Animal owner must complete all information.

Animal Owner's Name: ____________________________________________

Phone #: (____) ______-___________

Address: ___________________________________________________________________________________

City: ___________________________ State: ___________ Zip Code: ___________

Animal's Name: __________________________________________________________

Type of Animal

Dog: Female/Male  Color: ___________ Breed: ______________________________

Cat: Female/Male  Color: ___________ Breed: ______________________________

Other: ______ Type: ___________ Color: ___________ Breed: ________________

Please read and sign the owner statement. If your assistance/comfort animal fails to conform to all the standards listed in the statement, it may not be allowed in a University of Montana Western facility. We appreciate your cooperation.

Signature: ___________________________________________ Date: ______________________