# Psychiatric Functional Limitations Form – Assistance Animal Request

## University of Maine – Disability Support Services

<table>
<thead>
<tr>
<th>Student Name: __________________________</th>
<th>DOB: __________________</th>
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1. DSM V Diagnosis: ____________________________________________________________
   Notations: ________________________________________________________________
   ________________________________________________________________
   Disability Severity: _____________________________________________________
   ________________________________________________________________
   Medical Conditions: _______________________________________________________
   ________________________________________________________________

2. Date of Diagnosis: ____________________________
   Last Contact: ____________________________

3. Please discuss the nature of the disability and how it substantially impacts a major life activity.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

An Assistance Animal is an animal selected to play an integral part of a person's treatment process. The animal should demonstrate a good temperament and reliable, predictable behavior. An assistance animal is prescribed to an individual with a disability by a healthcare or mental health professional. Please apply this definition when answering the following questions.
4. Did you as the medical provider prescribe the assistance animal as an active and integral part of a treatment plan for the student? Please provide evidence that the animal is necessary to ensure use and enjoyment of the residence hall.

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5. Please describe the relationship between the disability and the assistance or relief the animal provides to the student. Does having and caring for the animal provide significantly greater benefit than would be present to any pet owner?

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6. What is the likely impact on the student’s success if the request is not granted?

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7. Please rate severity of the disability on a scale of 1 (very mild) to 10 (very severe). ________

8. Is the condition chronic? ☐ Yes ☐ No

If NO, expected recovery time: ____________________________________________
9. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student’s symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

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_______________________________________________________________________________

Name: ____________________________ Title: ____________________________

Credentials/License #: ____________________________

Contact Information: ____________________________

Signature of diagnosing professional: ____________________________ Date: ________