



Albert Einstein College of Medicine

## Request for Service Animal Form for Faculty and Staff

Faculty and staff planning to bring their Service Animal to Albert Einstein College of Medicine are required to follow the procedures outlined in the [Service and Assistance Animals Policy](#) (the "Policy"). All capitalized terms used herein are defined in the Policy.

### Deadlines:

- (a) Newly hired faculty and staff must complete this form and submit a signed copy of this form together with all required documentation to the Director of Employee Relations in the Belfer Building 12<sup>th</sup> Floor or by email at [employeerelations@einsteinmed.edu](mailto:employeerelations@einsteinmed.edu) *at least 15 days prior to arrival on campus.*
- (b) Faculty and staff who develop a need for a Service Animal or an Assistance Animal after arriving on campus must complete and submit a signed copy of this form together with all required documentation to the Director of Employee Relations in the Belfer Building 12<sup>th</sup> Floor or by email at [employeerelations@einsteinmed.edu](mailto:employeerelations@einsteinmed.edu) *prior to bringing his/her Service Animal on campus.*

Owner's Name: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Owner's Status (please check): \_\_\_\_\_ Faculty \_\_\_\_\_ Staff

### Service Animals:

1. My Service Animal is a: \_\_\_\_\_ Dog \_\_\_\_\_ Miniature Horse

2. My Service Animal is required because of my disability \_\_\_\_\_ YES \_\_\_\_\_ NO

3. List tasks/work your Service Animal is trained to perform:

a. Task: \_\_\_\_\_

b. Task: \_\_\_\_\_

4. Date you wish to bring your Service or Assistance Animal to campus: \_\_\_\_\_

5. Do you already own the animal? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, indicate the date when you will obtain the animal: \_\_\_\_\_

6. Breed of animal (if applicable): \_\_\_\_\_
7. Weight of animal (approximate): \_\_\_\_\_
8. Physical Description of animal (coat color): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Name of animal: \_\_\_\_\_
10. Please also insert a photo of the animal below or attach it separately.
11. Attach animal health records, including verification that the animal has all veterinary-recommended vaccinations to maintain good health and prevent contagious disease, including the following current vaccinations for dogs (Rabies, DHPP, Bordetella, Leptospirosis, and Lyme Disease) and for house cats (Rabies).
12. I acknowledge that I have read and understood the terms and conditions of the Service & Assistance Animal policy within the Document Library with ID # OGC-POL-2018-007. \_\_\_\_YES \_\_\_\_NO

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_