



**TREATING PROFESSIONAL FORM REQUEST FOR  
EMOTIONAL SUPPORT ANIMAL**

**Re: Proposed ESA:**

Name: \_\_\_\_\_ Type and breed of animal: \_\_\_\_\_

Age of animal: \_\_\_\_\_

Student Access Office complies with federal and state disability laws that prohibit discrimination and ensure equal access for qualified persons with disabilities to educational programs, services, housing and activities. The above-named student has indicated that you are the (physician, psychiatrist, social worker, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

**Information About the Student's Disability**

*(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")*

Date of diagnosis: \_\_\_\_\_ Severity: **Mild** **Moderate** **Severe**

Complete Diagnosis: \_\_\_\_\_ Medications if any: \_\_\_\_\_

What are the student's Symptoms/ Functional Limitations?

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Please identify all procedures/assessments used to diagnose this student's condition (ATTACH COPIES of assessment results used in making/confirming diagnosis):

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Does the student require ongoing treatment?

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How long have you been working with the student regarding this mental health diagnosis?

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Student is compliant with medical treatment for this condition: **Rarely**   **Sometimes**   **Often**  
**Unknown**

Has this student received in-patient treatment for this condition within the last year?   **Yes**   **No**  
Describe your follow-up plan for your patient:

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**Information about the Proposed ESA**

Is this an animal that you specifically prescribed as part of treatment for the student?

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Please describe the specific symptoms and the manner in which they will be reduced by having the ESA.

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Is there evidence that an ESA has helped this student in the past or currently?

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**Importance of ESA to Student's Well-Being**

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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It is important to discuss 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 so, please explain.

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Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. Please provide contact information, sign and date this questionnaire (below)

Contact information:

Address:

Telephone:

FAX and/or Email address:

License #:

Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_