# Emotional Support Animal – Request for Information

**The person named below has requested an emotional support animal (ESA)**. An individual assessment of need and the practical limitations of campus require careful consideration be given to the impact of an ESA on both the student and campus community. Please complete this form to assist us in determining whether this request for an ESA is a reasonable accommodation based on disability.

Persons with disabilities who use (or seek to use) assistance animals, including emotional support animals, in housing are protected under the Fair Housing Act (FHAct), Section 504 of the Rehabilitation Act, and U.S. Department of Housing and Urban Development's (HUD) Section 504 regulations. These regulations define an assistance animal as an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. While dogs are the most common type of assistance animal, under the FHAct, other animals can also be an assistance or emotional support animal (ESA). <https://portal.hud.gov/hudportal/documents/huddoc?id=servanimals_ntcfheo2013-01.pdf>. It is recommended that students start the ESA approval process early.

For what semester is the student requesting the ESA on campus?:

*\*Requests received less than sixty (60) days before move-in could result in delay of the accommodation if the accommodation requires hall/room placement or similar coordination.* Dogs and cats must be a least one-year old and house trained before they can be considered for approval.

Please note this documentation form must be completed by a licensed clinical professional who is familiar with the history and functional implications of the disability and must be familiar with ESA therapy.

## Student and Proposed Emotional Support Animal Information (completed by student):

|  |  |
| --- | --- |
| Student’s Name:       | Student ID:       |
| Date of Birth~~:~~       | Assigned Housing Unit:       |
| Emotional Support Animal Species:       | Other Relevant Information:       |
| Emergency Contact:      Relationship:       | Phone Number:       |

|  |  |  |
| --- | --- | --- |
| Age of Animal:      Breed (if relevant):       | Height:      Weight:       | Housebroken: [ ]  Yes [ ]  No [ ]  N/A |
| Environmental needs:       | What does the animal eat?       | Length of relationship with animal: [ ]  < 1 year[ ]  1-5 years[ ]  5+ years[ ]  I do not have the animal yet |
| Up-to-date on all vaccinations: [ ]  Yes [ ]  No | Is the animal venomous/poisonous? [ ]  Yes [ ]  No | Is this animal a known carrier of disease? [ ]  Yes [ ]  No |
| Crate trained? [ ]  Yes [ ]  No | Excessive Noise/Bark/Meow? [ ]  Yes [ ]  No | Well-mannered in the home setting? (scratching, biting, clawing, etc.) [ ]  Yes [ ]  No |
| How does your animal adapt to a new environment?       | Will your animal adapt well to a small living space? [ ]  Yes [ ]  No [ ]  N/A | Other Relevant Information:       |

## Information Regarding the Proposed Emotional Support Animal (completed by student):

|  |  |
| --- | --- |
| In what ways does the ESA alleviate one or more of the identified symptoms/limitations presented by your disability? |       |
| What treatments have been tried before/are you currently utilizing? What role does the ESA play in your overall treatment plan, and what are the benefits of an ESA to your well-being? |       |
| Why are you requesting this specific animal as your ESA and do you have an established bond with the identified ESA? |       |
| Have you experienced a previous benefit from this ESA or a current benefit of having the ESA? |       |
| Are you able to properly care for this animal while residing in campus housing? |       |

## Please return this form to: Center for Students with Disabilities-Andersen Building 2002,

**The following sections should be filled out by your licensed clinical professional.**

**Student/Client Name**: **Date of Birth:**

|  |  |
| --- | --- |
| What is the student’s diagnosis? |       |
| How long have you been working with the student regarding this diagnosis? |       |
| What are the specific symptoms/limitations the ESA mitigates while the student resides in University Housing? |       |
| In what ways does the ESA alleviate one or more of the identified symptoms/limitations presented by diagnosis? |       |
| What other interventions (i.e. meds, support groups) have been tried? |       |
| What role does the ESA play in the overall treatment plan? |       |
| Has the student experienced a previous benefit from this ESA or a current benefit of having an ESA? |       |
| What consequences, in terms of symptomology, may result if an ESA is not provided? |       |
| Plan for reassessing the ESA as a part of treatment. |       |

## FUNCTIONAL LIMITATIONS

## Please complete the following by comparing the client/student to same age peers in the context of post-secondary education. For example, a rating of 2 would indicate that symptoms impact a major life activity on a regular basis and in a significant manner, while a rating of 1 indicates occasional impact that is modestly disruptive.

**? = Unknown 0 = None 1 = Mild/Moderate 2 = Substantial/Severe**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **?** | **0** | **1** | **2** |  |  | **?** | **0** | **1** | **2** |  |
|  |  |  |  | Caring for Oneself |  |  |  |  |  | **Learning** |
|  |  |  |  | Talking |  |  |  |  |  | * Reading
 |
|  |  |  |  | Hearing |  |  |  |  |  | * Writing
 |
|  |  |  |  | Breathing |  |  |  |  |  | * Spelling
 |
|  |  |  |  | Seeing-Close Distance |  |  |  |  |  | * Calculating
 |
|  |  |  |  | Seeing-Long Distance |  |  |  |  |  | * Concentrating
 |
|  |  |  |  | Lifting/Carrying |  |  |  |  |  | * Memorizing
 |
|  |  |  |  | Sitting |  |  |  |  |  | * Listening
 |
|  |  |  |  | Performing Manual Tasks |  |  |  |  |  | * Speaking
 |
|  |  |  |  | Eating |  |  |  |  |  | Other: |
|  |  |  |  | Working |  |  |  |  |  | Other: |
|  |  |  |  | Interacting with Others |  |  |  |  |  | Other: |
|  |  |  |  | Sleeping |  |  |  |  |  | Other: |
|  |  |  |  | Walking/Standing |  |  |  |  |  | Other: |

## Please complete, sign and date this form. Please return this form directly to the Center for Students with Disabilities.

|  |  |
| --- | --- |
| **Center for Students with Disabilities** | **Email: csdat@uww.edu** |
| **800 W. Main St, Andersen Library Building****Whitewater, WI 53790** | **Phone: (262) 472-4711****Fax: (262) 472-4865** |

|  |  |
| --- | --- |
| Clinician Name (print) |       |
| Clinician Signature |       |
| Medical Specialty |       |
| License Number |       |
| Address |       |
| Phone |       |
| Email |       |
| Date |       |