

Emotional Support Animal (ESA) Housing Accommodation Request Form

An emotional support animal is defined as an animal necessary for the student to have an equal opportunity to thrive in a collegiate environment. There must be a relationship between the support the animal provides and the individual student's documented disability. Emotional Support Animals are not Service Animals and do not accompany an individual at all times. The consideration of an Emotional Support Animal requires a prescription from a qualified healthcare or mental health professional. The documentation must demonstrate the use of the Emotional Support Animal would assist in managing symptoms related to the student's disability.

To be completed by the student requesting ESA:

Name _____ Student Email _____

ESA: Type/breed _____ ESA Age _____ ESA Name _____

Please indicate if the following documentation requirements have been provided to the applicable office:

- Copy of animal Identification: tags and registration indicating ownership
- Photo of animal *with* student
- Current Health Certificate including up-to-date vaccinations; Vaccination record must include rabies if applicable for the type of animal. Note, animals must be of a certain age to receive a rabies shot – please be aware of this prior to seeking ESA approval.

To be completed by the health care provider:

A patient of yours has requested disability-related services from Ottawa University. Legal protection and eligibility of such services are based on the individual providing sufficient information to conclude that he or she has an impairment that substantially limits one or more major life activities. As the treating specialist, you are asked to provide the following information to assist the university in considering this student's accommodations request. **IT IS REQUIRED THAT ALL INFORMATION IS PROVIDED.** Please print legibly.

Today's Date: _____ Physician's Name (please print): _____

Patient's Name: _____

Information regarding history of relationship with patient:

Date of last visit for condition(s): _____

Length of therapeutic relationship: _____

Are future visits anticipated: _____

Information about the student's disability and treatment plan:

A. Diagnosis (es) and date of onset: _____

Information about the nexus between diagnosis and ESA:

C. Is this an ESA that you specifically prescribed as part of treatment for the student? YES ___ NO ___

Or, is this an animal that you believe will have a beneficial effect on the student's mental health while in residence on campus? YES ___ NO ___

D. What is the severity of the condition(s)?

E. Describe how and the condition(s) impact(s) on the student's daily life experience in the post-secondary housing setting:

Importance of ESA to student's well-being and access to residential life:

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

G. Have you discussed the responsibilities associated with properly caring for an animal while engaged in college activities and demands while residing in campus housing?

(If you have not had this conversation with the student, we will be discussing it with the student prior to an ESA approval.) YES ___ NO ___

H. Do you believe those responsibilities (e.g., costs, emergency care, cleaning, feeding, roommate conflicts, travel, noise, etc.) might exacerbate the student's symptoms in any way?

Certifier Information:

Physician's Signature: _____

Physician's Name: _____

Address: _____ License/State: _____

Specialty: _____ Phone: _____

Please Return Completed Form to:

Disability Services Coordinator: _____ Phone: _____

Fax: _____ Email: _____@ottawa.edu