

## 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 DSC:

- Copy of Identification –tags indicating ownerships and rabies clearances, picture of ESA
- Current Health Certificate including up to date vaccinations

**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 is 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. All items are required. Please print legibly.

Today's Date: \_\_\_\_\_ Physician's Name (please print): \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of last visit for condition(s): \_\_\_\_\_

**Information about the student's disability and treatment plan:**

A. Diagnosis (es) and date of onset: \_\_\_\_\_

B. What medication(s) and/or treatments are used to manage this condition? \_\_\_\_\_

**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 symptoms will be reduced by having an ESA?

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E. Describe how the above conditions substantially limits a major life activity, and the condition(s) impact(s) on the student's daily life experience in the post-secondary housing setting:

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**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?

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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?

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**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