



Documentation Guidelines for an Emotional Support Animal

The student has indicated that you are the licensed mental healthcare provider who has worked with them and support the need to have an Emotional Support Animal (ESA) in the residence hall in order to alleviate one or more of the identified symptoms or effects of the student’s psychological disability. In order to evaluate the request for this accommodation, please answer the questions below. Please know that by providing this information, you are verifying this student’s psychological disability and that the presence of the animal addresses that disability. If you find you’re unable to fit your responses, please feel free to attach a separate page.

An Emotional Support Animal (ESA) is an assistance animal that provides therapeutic emotional support to an individual with a psychiatric disability. An ESA is not considered a pet, and an ESA is not a service animal. Please review the American Counseling Association’s [Emotional Support Animals and Human Animal Interventions in Counseling Interest Network Position Statement](#).

Per your certifying or licensing entity and code of professional ethics and boundaries, please reflect on and answer the following questions. Please feel free to attach additional information as needed.

Student Information - Completed by the Provider ONLY

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Last Contact: _____

Diagnostic Information

Please cite the student’s diagnosis, diagnostic code (DSM-5 and/or ICD-10 code) and circle the current severity.

Primary Diagnosis: _____ Diagnostic Code: _____

Date of Diagnosis: _____

Severity: Mild Moderate Severe

Secondary Diagnosis: _____ Diagnostic Code: _____

Date of Diagnosis: _____

Severity: Mild Moderate Severe



Curry College

Office of Disability Services

1071 Blue Hill Avenue
Milton, MA 02186-239

4. Do you have any concerns regarding the student’s ability to care for an animal during times of exacerbated symptoms? Please describe the reasoning behind your response.

5. Please provide any additional information that you feel would be helpful for the College to evaluate this student’s request for an ESA.

THIS COMPLETED FORM IS NOT TO BE GIVEN TO THE STUDENT. IT SHOULD BE SENT DIRECTLY TO CURRY COLLEGE.

PLEASE NOTE: To provide healthcare documentation for a housing accommodation, the diagnosing professional must be an appropriate clinician or medical professional, who is not a family member, with experience and expertise in the area related to the student’s disability.

Clinician name: _____

Clinician’s state licensure/certification: _____

Specialty: _____ **Phone:** _____

Signature: _____