



Healthcare documentation 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



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1. Is there a clear connection between the disability(ies) and the assistance that this specifically recommended animal will provide? What functional limitations will be minimized or alleviated by having an ESA? (Note: Stating that the animal will reduce anxiety or depression is not considered a symptom).
2. How will the animal be an integral component of treatment? How do you anticipate the animal will be incorporated into the student's treatment plan?
3. In your opinion, how important is it for the student's well-being that the ESA be in the residence hall on campus? Is there evidence that an ESA has helped this student in the past or currently?



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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.

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: _____ **Date:** _____

Clinician's state licensure/certification:

Specialty: _____ Phone: _____

Signature: _____