

Documentation for Emotional Support Animal Form
STUDENT ACCESSIBILITY AND ACCOMMODATION

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Email: saa@pugetsound.edu

Student's Name: _____ Student ID#: _____
 D.O.B: _____ Town and State: _____ Type of Animal: _____
 Name of Animal: _____ Breed: _____ Color: _____ Weight: _____ Age: _____

Proof of ownership is required. Attach adoption or veterinary records.

An ESA may be a dog or cat (most common), small bird, rabbit, hamster, gerbil, fish, turtle, or other small, domesticated animal that is traditionally kept in the home for pleasure. **Generally, a dog must be at least 9 months of age to live on campus to assure that the dog is reliably housebroken, not disruptive to other residents, and has all of the shots necessary to make it safe to be around humans and other animals (that may be in residence).** Any student who is asking for an emotional support animal accommodation must have a psychological disability with symptoms that significantly impair their ability to function. The requested ESA must significantly reduce the disabling symptoms. **The efficacy of the ESA must be established before the request is made. Therefore, requests for ESAs should be made prior to the start of the semester and not a newly adopted animal.** Proof of ownership (adoption or veterinary records) is required.

If this animal is a dog or cat, please attach a copy of veterinary records.

Any student who is asking for an emotional support animal accommodation must be able to show:

- They have a psychological disability with symptoms that significantly impair their ability to function.
- The **requested ESA** is needed to significantly reduce the disabling symptoms.

By signing here you are permitting your mental health professional and Student Accessibility and Accommodation to discuss the information provided on this form, and any other information needed to determine whether your ESA request is approved. Please complete any release of information forms required by your diagnosing/treating professional. **SAA may contact the professional who completed this form for additional information.**

Student Signature _____

Date _____

The following questions are to be completed by the treating mental health professional.

Has the animal, described above, been used as an effective treatment to alleviate the symptoms of a psychological disability? _____

Date of your first visit with the student? _____ How many times have you seen the student? _____

What is the diagnosis? _____

Who made the diagnosis? _____

Date of diagnosis _____

What are this student's clinical significant symptoms and signs?

What are the major life activity impairments?

When and why was the emotional support animal first considered?

How many visits were spent discussing emotional support animals and the potential impact on the disabling symptoms? _____

When was the animal purchased or adopted? _____

After how many therapy sessions, did you observe that having the animal was an effective treatment for the diagnosed disability, providing benefits beyond the comfort and companionship of a pet?

How would you describe the behavior of the animal?

Has the animal been appropriately trained to the extent that it would not create a disturbance or danger to others while residing in the confines of a university dorm room?

In your professional opinion, is this student well-enough to care for an animal and cope with the potential restrictions inherent in caring for an animal? _____

Professional's Signature:

Affix business card or apply business stamp below

Date: _____

Please Print Name: _____

Address: _____

License / Cert. #: _____ State: _____

Phone: _____