Emotional Support Animal Documentation Form

Student’s Name: ____________________________________________________________
Student’s ID Number: _______________________________________________________
Type of Animal: ___________________________ Name of Animal: ____________________

Student Accessibility Services (SAS) provides accommodations to students with disabilities seeking an Emotional Support Animal (ESA). An ESA is an animal prescribed for an individual with a significant diagnosed psychiatric/mental health disability. An ESA is not a pet, a Service Animal, or a therapy animal.

A student seeking an accommodation must provide appropriate documentation of the disability in order for the University of the South to evaluate the student’s request. The documentation must describe the disabling condition, which is defined by the presence of a substantial limitation in one or more major life activities.

To be eligible for an ESA as an accommodation in Student Housing at the University of the South, a student must verify the following:

● The student has a disabling psychiatric/mental health condition;
● The animal is necessary to afford a student with this disability an equal opportunity to access the University of the South Student Housing;
● There is an identifiable nexus between the disability and the therapeutic support the animal provides.

While we recognize the benefits an animal may have for someone with a significant psychiatric/mental health disability, the practical limitations of Student Housing make it necessary to carefully consider the impact of an animal on both the student and the campus community. Please help us with your professional judgment to evaluate the request for this accommodation. The following must be completed in full by an appropriate licensed healthcare or mental health provider. Failure to complete this form in its entirety may result in a student’s request being denied.

1. What is the student’s DSM-5 or ICD-10 diagnosis? What is the level or severity? When was the student initially diagnosed?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Describe your professional relationship with this student. How long have you been working with this student? How many sessions have you had?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Does the impairment substantially limit one or more major life activities? Y/N If yes, describe the impaired major life activities:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. What are the student’s functional limitations? How do they impact the student inside and outside student housing?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
5. Please indicate specific symptoms and functional limitations that will be reduced by having the ESA.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

6. Is there evidence that an ESA has helped this student in the past or currently? Y/N If yes, please elaborate:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

7. If the condition is cyclic, will the student be able to provide proper care for the ESA during times of moderate to severe symptoms? Y/N If YES, what plan has the student discussed with you for ensuring the animal is cared for during times of moderate to severe symptoms?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

8. Is there another intervention or treatment that you could recommend that might be a reasonable alternative to having an Emotional Support Animal?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

9. Please describe why you believe this animal's type, breed, weight, and temperament is suited for a Residential Hall setting. Please be mindful that Residential Hall rooms are typically smaller in size and shared by one or more individuals.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

By submitting this form, the student has given SAS permission to contact you if we have any further questions regarding their ESA request. By signing this form, you, the professional, attest to the accuracy of these statements. Please feel free to contact us with any questions you may have.

Professional’s Signature __________________________________________________

Printed Name & Credentials ____________________________

License# ____________________________

Today’s Date ___/___/_______

Address _______________________________________________

City ____________________________

State ________ Zip ____________

Telephone ____________________________