



**REQUEST FOR EMOTIONAL SUPPORT ANIMAL -
Documentation**

Note: This form must be completed by a medical or mental health professional with whom the student has an established relationship that demonstrates a continuum of care. Documentation will not be accepted from practitioners who provide services via the internet.

Student's Name: _____ **ID#:** _____

Student's Home Address:

Date of Birth: _____

Name of animal: _____ **Type of animal:** _____

The above-named student has indicated that you are the physician, psychiatrist, social worker or qualified mental health professional who has made a professional determination that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

What is the nature of the student's disability (that is, how is the student substantially limited)?

How long have you been working with the student regarding this disability?

Is this an animal that you specifically prescribed as part of treatment for the student or an animal that you believe will have a beneficial effect for the student while in residence on campus?

Please describe the relationship between the student's disability and the relief from symptoms or effects of the disability that the ESA provides and how the animal is necessary for the student to enjoy equal access to residence life. Please note that we are looking for how this animal specifically alleviates symptoms, not general information on the benefits of having an ESA:

In your opinion, how important is it for the student's well being that the ESA be in residence on campus?

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?

In your opinion, is this student capable of ensuring the health and well being of the emotional support animal while still properly taking care of their own mental and physical health needs?

Thank you for completing this form. If we need additional information, we may contact you at a later date.

Signature

Date

Provider Name (printed)

Name of Business, if applicable

Address

Phone Number

License Number

FAX Number

Email Address

Please complete all sections of this form and return to:

Elizabeth Athey, Access & Support Specialist

Student Support Services

Shenandoah University

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