Medical Documentation for Emotional Support Animal

STUDENT ACCESSIBILITY AND ACCOMMODATION

1500 N. Warner St. #1096, Tacoma, WA 98416–1096, T: 253.879.3395 or 3399, F: 253.879.3786

Email: saa@pugetsound.edu

Student’s Name: ___________________________ Student DOB: ______________________

Student ID# __________ Telephone ___________________________ Date __________

Animal’s name __________ Color _____ Weight ___ Date acquired ________

The following questions are to be completed by the treating mental health professional. The Director of SAA may contact the professional who completed this form for clarifications and additional information.

Any student, who is asking for an emotional support animal accommodation, must be able to show via this documentation from their treating mental health professional that the animal has been used as an emotional support animal for a minimum of two months, and that animal has been alleviating symptoms of the mental health disability to the point that allows the student to access their education at the University of Puget Sound. Anything less than specified above is considered a pet and pets are not allowed on campus.

Diagnosis: _____________________________________________

Major life activity affected _______________________________________

Date of Diagnosis: _________________________________

Date of first visit for this condition: ______

Date of last visit for this condition: ______

What is the general nature of your relationship (primary care, single session to review the need for an ESA, crises intervention, limited short-term therapy, ongoing/long term treatment…)?____________________________

Is this animal necessary to provide the student access to university housing? ______________________________________________________________________________________

Date animal was first used as an ESA __________________

Date ESA effectiveness was confirmed __________________

Symptoms this ESA has been alleviating ____________________________________________________________

In your professional opinion, do you believe that the ESA mitigates the impacts of the disability in ways that go beyond the benefits an individual receives from a pet? Please give examples.

___________________________________________

_____________________________________________

_____________________________________________

_____________________________________________

Professional’s Signature: __________________________

Date: _________________________________

Professional’s Name: _______________________

Address: ______________________________________

_____________________________________________

License / Cert. #: __________State: __________

Phone: ________________

Affix business card or apply business stamp below

Revised 2/27/2018