DOCUMENTATION FOR EMOTIONAL SUPPORT ANIMAL FORM
STUDENT ACCESSIBILITY AND ACCOMMODATION

1500 N. Warner St. #1096, Tacoma, WA 98416-1096
T: 253.879.3399 F:253.879.3786 **Email: saa@pugetsound.edu**

Student Information

Student's Name: _____ Student ID#: _____

Student's D.O.B : _____ Town and State: _____

ESA Information

Type of Animal: _____ Animal Breed: _____

Color: _____ Weight: _____ Age: _____

An emotional support animal (ESA) is recognized as a reasonable accommodation for students with disabilities in campus housing. When a student demonstrates a disability-related need, the university must consider allowing an ESA even where a "no pets" policy exists. Unlike ADA-defined service animals, ESAs are not granted the same campus-wide access.

An ESA must be prescribed by a healthcare or mental health professional and approved by the Office of Student Accessibility and Accommodation (SAA). The animal is most commonly a dog, cat, or other domesticated animal traditionally kept in the home for companionship. Generally, it must be at least 12 months old to live on campus, ensuring it is housebroken, not disruptive to other residents, and current on all vaccinations necessary for the safety of humans and other animals in the residence.

To qualify, a student must be able to show:

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

Because the ESA's efficacy must be established before the request is made, the animal should not be newly adopted, and requests should be submitted prior to the start of the semester. Proof of ownership and veterinary records are required.

By signing here you are permitting your health care professional and Student Accessibility and Accommodation to discuss the 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: _____

Dear Diagnosing and/or Treating Professional,

Please complete the form below to assist SAA in determining eligibility for an emotional support animal.

SAA may contact you for clarifications or additional information.

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

Yes ▢ **No** ▢

Date of your first visit with the student? _____ Date of diagnosis: _____

How many times have you seen the student? _____

What is the diagnosis?

_____

Who made the diagnosis?

_____

What are the clinically 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 the 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 Residence Hall.

Yes ▢ **No** ▢

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?

Yes ▢ **No** ▢

Professional's Signature:_____ **Affix business card or apply business stamp below**

Date: _____

Please Print Name:_____

Address: _____

_____

License / Cert. #:_____ **State:** _____

Phone: _____