

Emotional Support Animal Form
Office of Student Accessibility Services
St. Mary's University

Name of Client: _____

DOB: ____ / ____ / ____

Name of Mental Health Provider: _____

License Number: _____

Address of Mental Health Provider: _____

Email Address: _____ Phone Number: _____

Certification and/or Specialty: _____

Date of initial contact with client ____ / ____ / ____ Date of most recent contact ____ / ____ / ____

Client's mental health diagnosis:

Include DSM-IV, DSM V or ICD-10 diagnostic codes

Date of diagnosis ____ / ____ / ____

Tools used in diagnosis _____

1. Client's major life activities substantially impaired by the disability:

2. Treatment, strategies, and interventions (other than ESA) implemented for symptom management to date:

3. What symptoms will be reduced by having the ESA? Please explain.

4. Have you discussed the responsibilities associated with properly caring for an animal while being engaged in typical college life and residing in on-campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? Why or why not?

5. What barriers does the disability present to the student's equal access to the benefits of campus housing? _____

I have reviewed the St. Mary's University Emotional Support Animal Policy and Agreement with my client, ensuring that they understand the rules, restrictions, and expectations surrounding the presence of an animal in university housing.

Provider's Signature Date

___/___/___

Student's Signature Date

___/___/___