



EMOTIONAL SUPPORT ANIMAL (ESA) QUESTIONNAIRE

Student Name: _____

Date: _____

Student ID# : _____

Residence Hall: _____

Room#: _____

Support animal's name: _____

Type of animal: _____

Date you acquired your support animal: _____

Description of the animal: (weight, breed, color, sex, age, etc.)

Is the animal housebroken?

Crate-trained?

Which local veterinarian/pet hospital do you plan to use?

Is your animal suited for a college housing environment?





Please describe how you would handle your animal in the following situations:

- Being left alone in your room while you are in class or attending activities
- Barking, whining, scratching or property damage
- Visits from unfamiliar students, staff or guests to your room
- Noises (such as, fire alarms, loud music, doors opening and closing or slamming, other unexpected disturbances)
- Feeding, water and elimination handling for your animal
- Plans for your animal during school holidays and breaks, or when away for more than 8 hours

