



Emotional Support Animal (ESA) Provider Request for Information Form

Student's Name: _____

Proposed ESA Information:

Species: _____ Breed: _____

Gender of animal: _____

ESA Name: _____

Age of animal: _____

Is the animal Spayed or Neutered? Yes _____ No _____ NA _____

The above-named student has indicated that you are the (physician, psychiatrist, social worker, mental health worker) who has suggested 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 (complete information will better assist us in the decision making process for the ESA request):

Information About the Student's Disability: (A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

1. What is the nature of the student's mental health impairment? Please include a DSM-V diagnosis (specific disability) and pertinent background information related to the disability. If also completing Psychological Disability Documentation Form, please answer additional questions directly relating to ESA.
2. How is the student substantially limited by this disability such that an ESA would be necessary for this student to have full benefit or enjoyment of housing on a college campus?
3. Does the student require ongoing treatment for this diagnosis and if so how is that treatment being provided?

4. How long have you been working with the student regarding this mental health diagnosis?

Information About the Proposed ESA

1. Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?
2. Please describe specific symptoms which may be reduced by having an ESA.
3. Is there evidence that an ESA has helped this student in the past or currently? If so, please explain.

Importance of ESA to Student's Well-Being

1. In your opinion, how important is it for the student's well-being that the ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
2. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?
 - a) Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Thank you for taking the time to complete this form. If the Disability Services Director needs additional information, the College may contact you at a later date.

The College recognizes that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Please provide contact information, sign and date this questionnaire (below), and return it to:

Sheri Noble
Office of Disability Services
Westmont College
955 Laz Paz Rd
Santa Barbara, CA. 93108
Fax 805-565-7244, Phone 805-565-6186

Contact information

Name: _____

Address: _____

FAX and/or Email address: _____

Telephone #: _____

Professional Signature: _____

License #: _____

Date: _____