



WESTMONT

Emotional Support Animal (ESA) Questionnaire

Student Name _____

Date _____

Student # _____

Directions: Please answer the following questions and return with intake forms. Student may provide typed-written answers as well.

Describe symptoms of your disability reduced by having an ESA:

Date of the prescription for the support animal by provider?

Date you acquired support animal? _____

Type of support animal? _____

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

Is animal housebroken? Crate-trained?

Support animal's name: _____

Please attach list of all vaccinations, health records, certification of spay/neuter, certification of health, and license number.

*Important planning. Please describe how you will deal with your animal in the following situations:

Being left alone in room while in class or attending activities

Barking, whining, scratching or destruction of property

Unfamiliar students, staff, or guests visiting your room

Loud noises (fire alarms), doors opening and closing or slamming, unexpected disturbances

Feeding, water and elimination handling for animal

Do you have a veterinarian/pet hospital nearby that you plan to use?

Name _____ Location _____

Return compiled documents to the Office of Disability Services at your earliest convenience or email to ods@westmont.edu. For more information, call 805-565-6135.