MONMOUTH UNIVERSITY | DISABILITY SERVICES *for* STUDENTS

Request for an Emotional Support Animal Accommodation Provider Form

In order for a student's request for an emotional support animal accommodation in housing to be processed, a provider form must be completed by the student's treating healthcare professional. The treating healthcare professional should answer all questions fully, include a signature and office stamp at the bottom of the form. Incomplete forms will not be accepted.

You are being asked to provide documentation of a diagnosis for: _____
[Client/Patient Name]

Practitioner Name/Title: _____

License or Certification number: _____

Specialty/qualification to make diagnosis: _____

Date of last appointment _____

Please place licensed healthcare professional's stamp.
If treating Healthcare professional does not have a stamp. Submitting letterhead will be accepted.

If left blank, form will not be accepted.

The healthcare provider completing this form cannot be a relative of the student.
This form must be completed by a licensed professional.

To be eligible for services, your client must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. These laws define a person with a disability as one who (1) has a physical or mental impairment which substantially limits one or more major life activities, or (2) has a record of such an impairment, or (3) is regarded as having such an impairment. "Major life activities" are functions such as walking, seeing, hearing, speaking, breathing, learning, caring for one's self, performing manual tasks, reproduction, and working.

1. Nature of disability with formal diagnosis. Please include expected duration.

Diagnosis	Date of Diagnosis	Date of last contact	Expected duration
Comments:			

2. Severity of condition: ☐ MILD ☐ MODERATE ☐ SEVERE
3. Check all relevant functional limitations that are substantially limited.

☐ Walking ☐ Hearing ☐ Seeing ☐ Working ☐ Sleeping ☐ Caring for self
☐ Interacting with others ☐ Learning (including memory/concentration)
☐ Performing manual tasks ☐ Other, please describe _____

_____

4. Please explain how each functional limitation will specifically affect your client/patient's ability to live in the residence halls.

5. List current medication(s), dosage, frequency and adverse side effects.

Medication	Dosage	Frequency	Side Effects:

6. Please discuss the rationale for an Emotional Support Animal accommodation relating it to a specific functional limitation.

7. Please state alternatives to meet the documented need if the request cannot be met.

8. Please discuss the impact on your client/patient's disability if the accommodation cannot be granted.

9. Is this the specific animal you prescribe as part of treatment for the individual?

10. In your professional opinion, how important is it for the individual's well-being that the ESA be in residence on campus?

11. What consequences, in terms of disability symptomatology, may result if the accommodation is not approved?

12. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing (i.e., living with roommates, attending classes and activities)? Do you believe those responsibilities might exacerbate the individual's symptoms in any way?

ESA Potential Issues Statement

Dear Clinician, by signing this statement, you agree that you have covered the *Potential Issues* listed below in detail with your patient and still maintain that the patient is capable of being a responsible owner of an Emotional Support Animal (ESA).

- ☐ I affirm that I have discussed the financial issues of owning and caring for an ESA (financially it is very costly: according to raisingspot.com for the first year of ownership, dogs can cost anywhere from $660-$5,270, with an additional yearly cost of $360- $2,520 for the lifetime of the dog).
- ☐ I affirm that I have discussed how my patient will care for the ESA, including providing the ESA with food, water, walking, veterinarian services, and spending time with the ESA.
- ☐ I affirm that I have discussed with my patient what (s)he will do with the ESA during weekends, holiday breaks, or when the student is in class.
- ☐ I affirm that I have assessed prior history of my patient's experience and ability in caring for an ESA.
- ☐ I affirm that my patient cannot function adequately without an ESA.
- ☐ I affirm I have discussed the pros and cons of the specific ESA my patient is requesting.
- ☐ I affirm that I have discussed with my patient various problematic scenarios involving the ESA and how the student will handle each situation.
- ☐ I affirm that I have discussed with my patient the emotional maturity necessary to properly care for an ESA.
- ☐ I affirm that I have discussed the possibility of increased roommate conflict due to an ESA.
- ☐ I affirm that I have discussed that it can make matching roommates more challenging.
- ☐ I affirm that I have explained to my patient that the ESA must be house trained prior to living in a dorm.
- ☐ I affirm that I have discussed with my client that an ESA may not acclimate well to living in a small dorm room.

Signature: _____ **Date:** _____

My signature verifies that I am the treating healthcare professional and that the contents of this form are accurate.

Email Form Print Form

Please return the completed form and supplemental documentation to:

Monmouth University Department of Disability Services for Students
400 Cedar Avenue
West Long Branch, New Jersey 07764
732-571-3460 ☎732-263-5126🖷 dds@monmouth.edu