



Emotional Support Animal (ESA) Request Form

Part I – To be completed by Student

(If you find you're unable to fit your responses, please feel free to attach a separate page.)

Student Name: _____ UMW ID#: _____

Campus or Home Address: _____

Cell Phone: _____ E-Mail: _____

What was the first year you attended UMW? _____

What is your current class standing (e.g., freshman) _____

Other than the provider completing this form, are you connected with any other provider(s) for the indicated diagnosis(es)? Yes No

If so, please include the provider(s) name, title, and scope of practice:

Proposed Emotional Support Animal Name: _____

Type and/or Breed of Animal: _____

Age of Animal: _____

Please describe how the animal will provide access to UMW Residence Life and Housing that is not otherwise possible without an ESA.

By submitting this request, I am giving my consent for any information relevant to this request to be reviewed by appropriate University staff in evaluation and in any subsequent provision of an emotional support animal as a housing accommodation.

Student Signature

Date



Student Name: _____

Type/Breed of Animal: _____

Size/Age of Animal: _____

Part II – To be completed by Healthcare Professional/Licensed Provider:

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 necessary in alleviating one or more of the identified symptoms or effects of the student’s disability. In order to evaluate the request for this accommodation, please answer the questions below. Please know that by providing this information, you are verifying this student’s psychological disability and that the presence of the animal addresses that disability. (If you find you’re unable to fit your responses, please feel free to attach a separate page.)

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 mental health impairment (disability- DSM-5), and how is the student substantially limited in a major life function?

- 2. Does the student require ongoing treatment? What treatment has the student already been provided up to this point?

- 3. Can you verify that this student (your client/patient) is currently under your care and will continue to attend appointments on a regular basis?

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



5. What disability-related symptoms will be reduced by having the ESA?

Information about the Proposed ESA

6. 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?

7. If this is an ESA recommendation directly linked to treatment goals and addressed as part of the treatment process, please describe these treatment goals and how progress is monitored.

Importance of ESA to Student's Well-Being

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

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

10. ESAs may potentially exacerbate certain presenting concerns and may interfere with treatment. Do you believe additional ESA-related responsibilities might exacerbate the student's symptoms in any way (e.g., the additional time and cost of caring for an animal while caring for self)? Additional information can be helpful when providing resources to students through this accommodation process.



Animal & Community Welfare

11. Have you shared knowledge of the UMW, Fredericksburg, state, and federal laws and policies surrounding ESAs with the student (client/patient)?

12. Have you discussed the responsibilities associated with being solely responsible for the care of an ESA and properly caring for an animal while engaged in typical college activities and residing in campus housing? For example, students complete internships, go abroad, go to classes and participate in clubs and organizations that can take them out of their residences for long periods of time. UMW requires that the ESA be under the student's full control, and often means the animal must be crated/caged when students are not in their rooms.

13. Has the client/patient agreed to attend to and provide for the animals' mental and physical well-being and the animal's health, (including being evaluated by an appropriately licensed and credentialed veterinarian as appropriate and providing documentation to support the animal is appropriately cared for on an annual basis)?

14. If issues arise, how do you plan to work with the student through handling concerns of abuse/neglect/mistreatment, emergencies, or animal behavioral problems?



Healthcare Professional/Licensed Provider Information & Credentials

Student Name: _____

Healthcare Professional/Licensed Provider

Name (Print): _____

Title: _____

License/Certification #: _____

Address:

Phone: _____

Email Address: _____

Signature: _____

Date: _____

Thank you for taking the time to complete this form. We recognize that having an ESA in the residence hall can be of great benefit for someone with a significant mental health disability. However, the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on the student, the campus community, and the animal.

If we need additional information, we may contact you using the information provided with the student's written consent. If you have questions regarding this form or the housing accommodation process, please call the UMW Office of Disability Resources at (540) 654-1266 or email odr@umw.edu.

*Form should be provided back to the student in order to allow them to upload the document to their Accommodate Portal.