

**Emotional Support Animal (ESA) Request Form**

**Part I – To be completed by the student.**

Student Name:

UMW ID#:

Cell Phone:

UMW E-Mail:

What was the first semester you attended UMW (i.e. Fall 2024)?

Transfer Student

Incoming Student

Returning Student

What is your current class standing (e.g., first year, sophomore):

First Year

Junior

Sophomore

Senior

Proposed Emotional Support Animal Name:

Type and Breed of Animal:

**[Note: Please see the ODR website for information regarding restricted animals and/or animals known to transmit Zoonotic Disease\(s\)](#)**

Age of the Animal:

Please describe how the animal will provide support by reducing/mitigating one or more symptoms related to the diagnosed mental health condition(s).

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:

## Emotional Support Animal (ESA) Request Form

### **Part II – To be completed by a Licensed Mental Healthcare Provider:**

The above-named student has indicated that you are the licensed medical or mental healthcare provider who has worked with them. You support the need to have an Emotional Support Animal (ESA) in the residence hall in order to alleviate one or more of the identified symptoms or effects of the student's psychological 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 Emotional Support Animals:

An Emotional Support Animal (ESA) is an assistance animal that provides therapeutic emotional support to an individual with a psychological disability. An ESA is not considered a pet, and an ESA is not a Service Animal.

The American Counseling Association Code of Ethics C.2.a Boundaries of Competence states "Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience." In addition C.2.b New Specialty Areas of Practice states "Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience." Please review the American Counseling Association's [Code of Ethics](#)

**Per your certifying or licensing entity and code of professional ethics and boundaries, please reflect on and answer the following questions. Please feel free to attach additional information as needed.**

Diagnoses:

How long have you worked with the student regarding this diagnosis?

What is the nature of the disability(ies) and how is the student substantially limited in one or more major life activities?

Student Name:

Is there a clear connection between the disability(ies) and the assistance that this specifically recommended animal will provide? What disability related symptom(s) will be reduced by having the ESA? (Note: Stating that the animal will reduce anxiety or depression is not considered a symptom).

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus? Is there evidence that an ESA has helped this student in the past or currently?

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.

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)? Does your client have a condition which would prevent them from adequately caring for the ESA?

Please provide any additional information you believe can be helpful when providing resources to students through this accommodation process.

Student Name:

Has the client/patient identified a licensed and credentialed veterinarian as appropriate in order to ensure that the animal is appropriately cared for on an annual basis?

**Licensed Mental Health Provider Information & Credentials:**

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](mailto:odr@umw.edu).

By signing below you acknowledge the information provided is true and accurate and in accordance with your professional code of ethics.

Provider Name (Print):

Title:

License/Certification #:

Physical Address:

Phone:

Email Address:

Signature:

Date:

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