Documentation Requirements Re: Emotional Support Animal

Student Name:	
Type of Animal:	
Name of Animal:	Age of animal:
By signing below, I consent to allowing	e providing it to your mental health provider. g my health care provider to share any information Support Animal accommodation, as shown on this form ources at Gardner-Webb University.
Student Signature	 Date

MEDICAL PROVIDER: The above-named student has indicated that you are the health care provider who has prescribed an Emotional Support Animal in the residence hall, and expect the animal will have therapeutic benefits in alleviating one or more of the identified symptoms or effects of the student's physical or mental health disability. Generally, we accept documentation from providers in the State of North Carolina or the student's home state who have personal knowledge of the student, consistent with their professional obligations. Some websites sell certificates, registrations, and licensing documents for emotional support animals to anyone who answers certain questions or participates in a short interview and pays a fee. Such documentation is not, by itself, sufficient to establish that an individual has a disability-related need for an emotional support/comfort animal.

Thank you for taking the time to address the following questions so we can better evaluate the request for an emotional support/comfort animal. Please respond to all these questions on official letterhead, with your license number and your original signature.

Information about the Student's Disability

Federal law defines a person with a disability as someone who has a physical or mental impairment that <u>substantially limits</u> one or more major life activities. A diagnosis (label) does not necessarily equate with a disability (substantial limitation).

- 1. What is/are the physical or mental impairment(s) of the student that you have diagnosed for which you have prescribed an emotional support/comfort animal?
- 2. When did you first meet with the student regarding this diagnosis?
- 3. When did you last interact with the student regarding this diagnosis?
- 4. Is the diagnosed condition permanent or transitory in nature? If transitory, please state approximately when you expect the condition to subside.
- 5. How does the student's diagnosed mental health condition <u>substantially limit</u> the student?
- 6. Does the student require ongoing treatment? If so, what is the student's treatment plan to ameliorate the symptoms or effects of the diagnosed condition?

Information about the Proposed Emotional Support Animal

Please note that there are some restrictions on the type of animal that can be approved for the residence hall. It is possible the student will be approved for an ESA based on the information you provide, but may not be allowed to bring the specific animal named.

- 1. Is the animal named here one that you specifically prescribed as part of the treatment for the student in residence on campus?
- 2. What services do you expect the animal to provide to the student in the residence hall?
- 3. What specific symptoms of the diagnosed condition will be reduced by allowing the student to have this animal live with them in their residence hall and to what extent?
- 4. Please describe the evidence that indicates the animal has helped this student in the past or currently.

Importance of the ESA to Student's Well-Being

- 1. In your professional opinion, how important is it for the student's well-being that an emotional support animal 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?
- 3. Do you believe those responsibilities might exacerbate the student's symptoms in any way? If yes, how?