



Addendum- Emotional Support Animal Request

*This form is to be filled out by the clinician currently treating the student for the diagnosis(es) identified below.
Please read the attached "Information for clinician" cover sheet before completing this form*

1. Patient's/Client's name: _____

2. In a previous disclosure form, you were asked to identify the student's substantial limitations impacting academics and campus life. What symptoms will the ESA alleviate? How?

3. Why are you recommending the student be approved to have an ESA?

4. What type of animal have you and the student determined to be an appropriate ESA for the student? Why did you and the student choose this type of animal to be an ESA?

5. Treatment: Please describe the current treatment and medication regimen. Include information about any significant medication side effects the student is experiencing.

6. How will the animal be an integral component of treatment?
How do you anticipate it will be incorporated into the student's treatment plan?

7. Do you have any concerns regarding the student's ability to care for an animal during times of exacerbated symptoms? Please describe the reasoning behind your response.

8. Annual update: You may be asked to update this form annually in order to confirm that the student continues to meet the diagnostic criteria for the given diagnosis(es) and to experience the substantial limitations described here. If your assessment of the student suggests that the condition is stable and will not require updates, please explain here:

9. Certification

Clinician's name: _____

Clinician's state licensure/certification #: _____

Area of specialty: _____ Clinician's phone #: _____

Clinician's signature

Date