Request for Information Re Emotional Support Animal

Student’s Name:

Proposed ESA

Type of animal:

Name of animal:

Age of animal:

The above-named student has indicated that you are the medical professional who has suggested that having an Emotional Support Animal (ESA) in Caltech Housing will be helpful in alleviating one or more of the identified symptoms or effects of 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.” So that we may better evaluate the request for this accommodation, please answer the following questions:

Information about the Student’s Disability:

1. What is the nature of the student’s mental health impairment (that is, how is the student substantially limited?) ________________________________
____________________________________________________________________________
____________________________________________________________________________

2. How long have you been working with the student regarding this mental health diagnosis? ________________________________
Information about the Proposed ESA:

1. 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? ___ Prescribed as Treatment ___ Pet with beneficial effect

2. What symptoms will be reduced by having the ESA? __________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

Impact on Student of Caring for ESA

1. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical student activities and residing in campus housing? ___ Yes ___ No

2. Do you believe those responsibilities might exacerbate the student’s symptoms in any way?

If you have not had this conversation with the student, we will discuss with the student at a later date.

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

Please provide your contact information, sign, and date this questionnaire (below), and return it to CASS at the address above.

Contact information:
Address:
Telephone:
FAX and/or Email address:

Professional Signature:
License #:

Date: