Emotional Support Animal (ESA) Request Form

# Section A: Student

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student G#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geneseo e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested ESA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of ownership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size (lbs): \_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit the completed form to the Office of Accessibility Services (OAS) via email, fax, or mail. Once received, we will contact the student via their Geneseo email to schedule a welcome meeting. If we require additional information or documentation, we will contact the student.

Office of Accessibility Services

SUNY Geneseo

1 College Circle

Erwin Hall 22

585-245-5112 (phone)

585-245-5091 (fax)

access@geneseo.edu

We recommend the student and the treatment provider review the [ESA policy](https://www.geneseo.edu/accessibility-office/emotional-support-animal-policy) when submitting this request. If there are any questions related to the ESA policy, please contact the OAS.

The OAS is a voter registration site. Please refer to the [NYS Board of Elections website](https://www.elections.ny.gov/) for information on registering to vote. Do you require assistance with registering to vote?

Yes

No

# Section B: Treatment Provider

This section is to be completed by a qualified, licensed medical or mental health professional who is familiar with the student’s history and can attest to the student’s functioning in a college environment. This section is not to be completed by the student or relative of the student.

In signing this document, you are attesting to be knowledgeable about the laws and policies at the local (Livingston County), state (New York), and federal levels regarding Emotional Support Animals (ESAs).

Treatment provider name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Licensure: \_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above-named student has indicated that you are the mental health provider or medical health provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be a significant factor in alleviating one or more of the identified symptoms or effects of the student’s disability. So we may better evaluate the request for this accommodation, please answer the following questions:

## Information about the Student’s Disability

What is the nature of the student’s mental health or other impairment (i.e., what are the student’s functional limitations)?

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Does this diagnosis rise to the level of a disability? Please explain.

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

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Describe the student’s ongoing treatment.

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## Information about the Proposed ESA

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?

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What symptoms will be reduced by having the ESA?

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Please describe if there is any evidence that an ESA has helped this student in the past or currently.

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## Importance of ESA to Student’s Well- Being

In your opinion, how important is it for the student’s well-being that the ESA reside on campus? What consequences, in terms of disability symptomatology, may result if the accommodation is not approved?

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Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? 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.)

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## Provider Information

The American Counseling Association issued guidance in March 2019 and recommended that providers understand the therapeutic human-animal relationship when prescribing an ESA. Please describe the training you have had on therapeutic human-animal interactions:

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**Office Use Only**

Date intake form received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date documentation received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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