



Assistance Animal Request Form

Office of Accessibility Request for Information Emotional Support Animal (ESA)

The student's health care provider must complete this form and/or provide a letter/documentation that addresses all questions and requests outlined on this form in order for the institution to consider the student's request for an ESA.

STUDENT SIGNATURE & CONSENT

Please sign this form before providing it to your mental health provider to complete: *By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with the Office of Accessibility for the next 60 days.*

Student Name _____ Preferred Name _____

Personal Pronouns _____ Date of Birth _____ Phone Number _____

Student Email _____ Student ID Number _____

Signature _____ Date _____

The above-named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. Generally, we accept documentation from providers in the State of Vermont or the student's home state who have personal knowledge of the student, consistent with their professional obligations.

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

Proposed ESA (if identified): Name _____ Age of animal _____

Type of animal _____

1. Information about the Student's Disability

Federal law defines a person with a disability as someone who has a physical or mental impairment that *substantially limits* one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the student's mental health impairment (that is, how is the student *substantially limited*)?

Date of first interaction with the student regarding this diagnosis _____

Date of most recent interaction with the student regarding this diagnosis _____

Does the student require ongoing treatment?

2. Information About the Proposed ESA

Note: There are some restrictions regarding the type of animal that can be approved for a residence hall. It is possible that the student may be approved for an ESA based on the information provided, but may not be allowed to bring the specific animal named.

Is the proposed ESA one that you specifically prescribed as part of treatment for the student, or is the animal a pet that you believe will have a beneficial effect for the student while in residence on campus?

What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?

Is there evidence that an ESA has helped this student in the past or currently? If so, for how long has the animal been providing emotional support for the student?

Does the ESA pose or has the ESA previously posed a direct threat to the health and safety of others (i.e. has the animal ever injured another person or animal)?

Has the ESA ever caused substantial physical damage to property?

3. Importance of the ESA to the Student’s Well-Being

In your opinion, how important is it for the student’s well-being that an ESA be in residence on campus?

What consequences, in terms of disability symptomatology, may result if the ESA is not approved?

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

Do you believe that the responsibilities associated with properly caring for an ESA may exacerbate the student’s symptoms in any way? *If you have not had this conversation with the student, we will discuss this 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. The named student has signed this form (above) indicating written permission to share additional information with us in support of the request. We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Please provide contact information, sign, date (below), and return it to:

Office of Accessibility, Champlain College
Email: accessibility@champlain.edu OR Fax: (802) 860-2764

PROVIDER SIGNATURE & CONTACT INFORMATION

Signature _____ Date _____

Print Name and Title _____

Address _____

Phone _____ Email _____

Type of License: _____ License #: _____