



EMOTIONAL SUPPORT ANIMAL
VERIFICATION FORM
UNIVERSITY HOUSING

Section 1: TO BE COMPLETED BY STUDENT

Student's Name: _____ ID#: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Where will you be residing in University Housing (i.e., QUAD or University Village Apartments)?

Name and title of professional filling out this form: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Information on Proposed Emotional Support Animal (ESA):

Name: _____

Type of animal: _____

Age of animal: _____

PERMISSION FOR RELEASE OF INFORMATION:

For purposes of determining the need for an ESA in University Housing, I authorize the release of the information requested on this form to California State University San Marcos. This authorization will remain in effect for one year or until _____.

Student's Signature

Date

SECTION 2: TO BE COMPLETED BY RECOGNIZED PROFESSIONAL

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. We will accept documentation from providers in the State of California or the student’s home state. So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About 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.”)

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

Does the student require ongoing treatment?

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

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?

What symptoms will be reduced by having the ESA?

Is there evidence that an ESA has helped this student in the past or currently?

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

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.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. 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 verify that the below statement is accurate with your signature.

I certify that the above referenced client/patient has a "physical or mental impairment that substantially limits one or more of the major life activities" as defined by the Americans with Disabilities Act.

In addition, I have the necessary professional qualifications to document my client/patient's disability and the need for an Emotional Support Animal to live in University Housing.

Signature

License #
(if applicable)

Date