

**Healthcare Provider Form
Request for Emotional Support Animals**

Student Name:

Date:

I authorize Syracuse University's Center for Disability Resources staff to receive information from the provider listed below. If further information or clarification is needed, I also authorize my provider to discuss the nexus between the impact of my disability and the need for an animal in student living.

My signature indicates that the appropriate healthcare provider, or designee has completed the statements and documentation.

Provider Name:

Contact Information:

Student Signature:

Date:

Healthcare Provider (to be completed by the provider)

The purpose of this form is to gather as much information as necessary to support a request for an emotional support animal. The individual completing this form should have direct personal knowledge of the student to clarify the need for an ESA and describe the nexus between the disability and the presence of an animal in residence. Under the Fair Housing Act, a disability is defined as having a physical or mental impairment (s) that substantially limits one or more life activities and as such, this individual must be familiar with the history and functional impact of the student's disability and the disability-related need for accommodation.

Please sign to attest that you or your designee personally completed this form, that you are familiar with the student's disability, and that you are NOT a relative of the student.

Provider Name:

Date:

Provider
Signature:

Type of License:

License #

Contact Number:

Email:

1. When did you first meet with the student regarding their mental health disability:
2. When did you last interact with the student regarding their mental health disability:
3. What was the nature of your meetings? (face-to-face, virtual interactions)?
4. How often have you seen the student (or plan to see the student) for further counselling or treatment?
5. What specific symptoms is the student experiencing and HOW will those symptoms be mitigated by the presence of the ESA? General assessments are typically insufficient. For example, “the animal will alleviate anxiety” is too general and does not explain how the animal may alleviate the symptoms of the student’s disability. Please also attach any relevant information that you would like Syracuse University to consider in its review.
6. Is there evidence that an ESA has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student now?
7. Please address the likely impact on the student should the following scenario occur: the animal exhibits behaviors in violation of the student’s code of conduct, forcing the immediate removal of the animal. Does this impact outweigh the benefit that you expect the animal to provide to the student.

8. This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in the University housing. Has the student shared those restrictions with you?
Yes No
9. 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.)

10. Information about the proposed ESA. (*Note: there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.*)

Animal Name:

Type of animal:

Age of animal

Size of the cage/crate needed for containment:

11. Dogs and cats are most often requested as ESAs and seem best suited to adapting to the communal living setting of the college residence hall. If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice.

We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but practical limitations of living in campus housing make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community. Thank you for taking the time to complete this form.

Email or Fax Form to:

Syracuse University, Center for Disability Resources

Email: CDRspecialist@syr.edu (subject line: Student Name/ESA Provider Verification)

Fax: (315) 443-1312

Question, please call (315) 443-4498

Center for Disability Resources

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