



## Emotional Support Animal Verification Form University Housing

### Section 1: TO BE COMPLETED BY STUDENT

Student's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

\_\_\_\_\_

Student's requested accommodation is for the following term and year: \_\_\_\_\_

Information on Proposed Emotional Support Animal (ESA):

Name: \_\_\_\_\_

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

Age of animal: \_\_\_\_\_

Name and title of health care professional filling out this form: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### PERMISSION FOR RELEASE OF INFORMATION:

For purposes of evaluating my need for an ESA in University Housing, I authorize the release of the information requested on this form, and any additional information necessary to evaluate such request, to California State University San Marcos, by the health care professional listed above.

\_\_\_\_\_

\_\_\_\_\_

**Student's Signature**

**Date**

**SECTION 2: TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

Please be advised that pursuant to California Health and Safety Code section 122318 a health care practitioner who is licensed and regulated pursuant to Division 2 (commencing with Section 500) of the California Business and Professions Code is prohibited from providing documentation relating to an individual's need for an emotional support dog unless the health care practitioner complies with specific requirements including but not limited to: holding a valid active license and including such information on the documentation provided, establishing a client provider relationship with the individual for at least 30 days prior to providing documentation, and completing a clinical evaluation of the individual regarding the need for an emotional support animal.

The above-named student has indicated that you are a health care professional who believes that having an Emotional Support Animal (ESA) in the residence hall will be helpful in ameliorating the effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

1. Does the student listed above have a physical or mental impairment that substantially limits one or more major life activities, including, but not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

*Please describe:*

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2. Do you believe that the ESA will ameliorate the effects of the disability? If yes, what are the effects that the animal ameliorates and how was this determined? How long have you been working with the student?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

*Please describe:*

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3. Is the ESA necessary in order for the above named student to have the same opportunity that a student without a disability has to use and enjoy their residence?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

*Please describe:*

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4. Please describe the animal that is being prescribed to the student (please be specific, the breed and/or type of animal).

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5. Is there a different/another accommodation that could be provided in the residential setting to meet this student's needs? If so, please describe below.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

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6. 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?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

*Please describe:*

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**Please verify that the below statement is accurate with your signature.**

**I certify that the above referenced client/patient is disabled as described above. In addition, I have the necessary professional qualifications to document my client/patient's disability and the need for an ESA to live in University Housing.**

**Name and Title of health care professional:**

**Address:**

**Phone:**

**Fax:**

**Email:**