Emotional Support Animal (ESA)

Disability Verification form for on campus housing at Western Oregon University

Name of student:

Name of ESA Animal: Animal type: Animal Age:

**Purpose:**

This questionnaire is designed to provide the Office of Disability Services with information to evaluate an accommodation request to bring an Emotional Support Animal (ESA) into on campus housing at Western Oregon University. It is designed to be completed by the student’s psychiatrist, psychologist, licensed social worker or relevantly trained M.D or mental health nurse practitioner. The provider may, as an alternative, write a letter or report that contains the same information.

**Interactive Accommodation Process:**

The legal definition of disability includes two elements: (1) a physical or mental impairment, which (2) substantially limits one or more of the major life activities of the person in question. Major life activities include but are not limited to: walking, breathing, seeing, hearing, performing manual tasks, caring for one’s self, learning, bodily systems such as immune function, and working. Thus, disability has both diagnostic and functional elements, and **BOTH need to be documented for effective accommodation determination.**

1. **Diagnosis**

Diagnostic code (ICD-10 or DSM-V):

Severity level (indicate for each diagnosis if more than one):

Date of diagnosis:

Date first seen: Date last seen: Number of visits:

Please summarize relevant history and/or clinical observations (i.e. how is the student substantially limited by diagnosis)

1. **Treatment**

What is the client’s current treatment (medication, counseling, etc)?

If applicable, what is the effect of the medication?

1. **Information about proposed Emotional Support Animal**

Is the proposed Emotional Support Animal specifically prescribed by you as part of treatment or is it a pet that you believe will have beneficial effect for the student while residing on campus while attending Western Oregon University?

What disability related symptoms would be reduced by the student having the Emotional Support Animal in the residence halls?

What evidence exists that the Emotional Support Animal has helped this student (currently or in the past)?

In your professional opinion, how important it is for the student’s well being that the Emotional Support Animal be in the residence hall with the student while at Western Oregon University? What consequences, in terms of disability related symptoms, may result if the Emotional Support Animal is **not** allowed?

Have you discussed the responsibilities associated with properly caring for an animal while engaging in typical college activities and residing in on campus housing? Do you believe those responsibilities might exacerbate the student’s symptoms in any way? If so, how?

Please supply any other information that should be considered in determining this student’s request to bring an Emotional Support Animal in on campus housing at Western Oregon University:

Attending provider:

Name and title (printed):

Signature: Date:

Telephone:

Thank you for your time and assistance.

**Please send this form to:**
Western Oregon University

Office of Disability Services

345 N. Monmouth Ave.

APSC 405

Monmouth, OR. 97361

Fax: 503.838.8721

Phone: 503.838.8250