

Emotional Support Animal Documentation Form – University of Maine System

Please use the following definition as guidance when completing this form.

- An Emotional Support Animal (ESA) (referred to as Assistance Animals under the Fair Housing Act) is defined by the United States Department of Housing and Urban Development (HUD) and covers a category of animals that may work, provide assistance, perform physical tasks, and/or provide therapeutic emotional support for individuals with disabilities that affect major life functioning, but which are not considered Service animals under the Americans with Disabilities Act.
- An ESA is typically an animal selected to play an integral part of a person's treatment process and it is not a pet. The animal must demonstrate a good temperament and reliable, predictable behavior.
- An ESA is generally an animal commonly kept in the household. An ESA is recommended by a healthcare professional who has a professional relationship with an individual with a disability.
- According to the US Department of Housing and Urban Development (HUD), some websites sell certificates, registrations, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee.
- In HUD's experience, documentation from internet animal registration sites is not, by itself, sufficient to reliably establish that an individual has a non-observable disability and disability related need for an emotional support animal.

Information about the Student's Disability A person with a disability is defined under the Americans with Disabilities Act of 1990 and its amendments as someone who has "a physical or mental impairment that substantially limits one or more major life activities." Major life activities include, but are 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.) Reasonably supporting disability documentation generally consists of information from a licensed health care professional – e.g., physician, optometrist, psychiatrist, psychologist, physician's assistant, nurse practitioner, or nurse – general to the condition but specific as to the individual with a disability and the assistance or therapeutic emotional support provided by the animal. This form should not be filled out by the student, a family member, or guardian. A relationship or connection between the disability and the need for the assistance animal must be provided.

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**To be completed by a licensed health care practitioner.*

Student Name: _____ DOB: _____

Proposed ESA:

Type of animal and name: _____ Age of animal: _____

1. Does this individual meet the definition above of an individual with a disability?

Yes No (please circle)

2. Do you have personal knowledge of this student and their disability, which you use (or have used) to diagnose, advise, counsel, treat, or provide health care or other disability-related services to the student? Yes No (please circle)

3. Do you believe this animal provides therapeutic emotional support to alleviate a symptom or effect of the disability? Yes No (please circle)

4. If yes, please describe the connection or relationship between the student's mental health condition and the assistance or therapeutic need for the assistance animal.

5. When did you first meet with the student regarding this mental health diagnosis? Date: _____

6. When was your last contact with this student? Date: _____

7. In your opinion, what potential consequences could happen if the student is not approved to have their ESA in residence on campus? Please explain.

8. Do you feel the student clearly understands the impact and responsibilities associated with properly caring for an animal while engaged in typical college activities and living in a campus residence hall? Some animals don't adjust to living in a residence hall. What is the student's plan if the animal is not able to live on campus or is not an effective part of the treatment plan. Please describe any concerns.

9. If there is any additional information that you believe would be beneficial for us to consider in determining if an ESA is a reasonable accommodation for this student, you are welcome to share it here.

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 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 your contact information and credentials and sign and date this form.

Name: _____

Title: _____

Credentials: _____

Contact Information: _____

Signature of diagnosing professional: _____ Date: _____

License #: _____