



Emotional Support Animal Request Form

The Office of Accessibility Resources and Services (OARS) is responsible for providing information to students with disabilities wanting to request reasonable accommodations for equal access within the learning, physical and digital environments. The ESA Request Form was created to facilitate the individualized review of each student request. Once a completed version of this form is received by OARS, the ESA Committee will meet to determine if a student qualifies to have an animal as an emotional support animal while living on campus.

This form should:

- Be completed by a qualified professional who has had a therapeutic relationship with the student for 30 days.
- Be completed by the student's current qualified professional with whom the student has seen within the last year.
- Be completed as clearly and thoroughly as possible. Incomplete responses and illegible handwriting will require additional follow up that may delay the review process.
- Be supplemented with any evaluative reports that may provide a more complete understanding of the student. Evaluative reports may include diagnostic reports such as psycho-educational or neuropsychological reports.

Please do not provide case notes or rating scales without a narrative that explains the results.

- Be submitted to OARS. All documentation will be held strictly confidential as a student record. This form may be released at the student's request.

Submit completed ESA Request Forms:

By fax to (501) 450-5664

OR

By email at oars@uca.edu

Date:

Patient Name:

Date of Birth:

1. First date of treatment:
2. Date of last appointment:
3. DSM-V Diagnosis or ICD Code:
 - a. Severity:
 - i. Mild
 - ii. Moderate
 - iii. Severe
 - b. How did you arrive at the diagnosis listed above? (Please check all that apply)
 - i. Behavioral Observations
 - ii. Developmental History
 - iii. Educational History
 - iv. Medical History
 - v. Clinical Interview (Structured or Unstructured)
 - vi. Interviews with Others
 - vii. Rating Scales
 - viii. Other – Please Specify:

4. What functional limitations are present as a result of this individual's disability? How do the limitations impact the individual's ability to perform major life activities?

5. What symptoms will be reduced by having the emotional support animal live with the student? Why is it necessary for the student's wellbeing that the emotional support animal live with her/him on campus?

6. What evidence is there that an emotional support animal has helped this student in the past or currently?

7. What consequences, in terms of disability symptomology, may result if this accommodation is not approved?

8. What type of animal is being requested to be used as the Emotional Support Animal?

Dog

Cat

Healthcare Provider Information:

Provider name (Print):

Provider Signature: _____

License or Certification Number: _____

Address:

Phone:

Fax: