



**DREW**  
UNIVERSITY

**Accessibility Resources**  
**36 Madison Avenue BC119**  
**Madison, NJ 07940**

## Emotional Support Animal Request Form

### **Part I: Student Information**

Please complete the following information.

Student's Full Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Student Email \_\_\_\_\_

Student Telephone # \_\_\_\_\_

Current Housing Placement \_\_\_\_\_

### **Information About the Proposed Emotional Support Animal**

Emotional Support Animal Name \_\_\_\_\_

Type of Animal \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Please provide a personal statement describing your condition and your need for an Emotional Support Animal on campus.

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I have read and understand the Emotional Support Animal Procedure (please initial) \_\_\_\_\_

I give permission for a member of the Housing Committee to contact my provider should there be any questions or concerns regarding the information provided (please initial) \_\_\_\_\_

**Section II: Provider Information**

**Applicant's Name** \_\_\_\_\_

The above named student has indicated that you are the provider treating them for their mental health condition and that you have recommended that having an Emotional Support Animal (ESA) in the residential complex will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request, please thoroughly answer all questions below. Insufficient documentation may result in accommodation delays or denial.

**Diagnosis:** (please list all relevant diagnoses and co-existing conditions according to DSM 5 and/or ICD-10)

\_\_\_\_\_

How long have you been working with the student regarding the diagnosis? \_\_\_\_\_

Date of last clinical contact with student \_\_\_\_\_

Would the ESA be part of the student's ongoing treatment plan? \_\_\_\_\_

How long has the student had an ESA? \_\_\_\_\_

**Functional Impact:** Please explain the functional impact of the student's disability.

\_\_\_\_\_  
\_\_\_\_\_

What symptoms are reduced by the use of an ESA?

\_\_\_\_\_  
\_\_\_\_\_

If the ESA could not be provided, please explain the impact on the student.

\_\_\_\_\_  
\_\_\_\_\_

Is there evidence that an ESA is currently helping or has helped in the treatment of this student? \_\_\_\_\_

If yes, how long have you observed the benefit of this relationship? \_\_\_\_\_

Do you believe the additional responsibility of having an ESA on campus would  
exacerbate the student's symptoms? \_\_\_\_\_

**THIS SECTION MUST BE COMPLETE FOR FORM TO BE VALID**  
**Treating/Medical Professional's Information**

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

Specialty: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

License/Certification Number and State of License \_\_\_\_\_

May we contact you if we have questions about this student's accommodation request?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_