Emotional Support Animal (ESA) Verification Form

STUDENT INFORMATION (PLEASE PRINT)

Name (Last, First, Middle): _____

ID Number: _____ Date: _____

Date of Birth (YYYY-MM-DD): _____

Phone Number: _____

McNeese Email Address: _____@mcneese.edu

PROPOSED ESA INFORMATION

If the specific animal has not yet been identified, this information must be provided immediately upon identification.

Type of Animal: _____ Breed: _____

Name of Animal: _____ Age: _____ Weight: _____

STUDENT CONSENT FOR RELEASE OF INFORMATION

Student must sign this form before providing it to the Healthcare Provider.

By signing below, the student grants Accessibility Services permission to contact the mental health provider for additional information.

I, _____ (printed name of student), hereby authorize Accessibility Services to obtain and/or release information from/to the undersigned provider in order to evaluate eligibility for an emotional support animal.

Student Signature: _____ Date: _____

DIAGNOSTIC INFORMATION (To be completed by Healthcare Provider) (Please Print)

1. Date of initial contact with the student: _____

2. Date of last contact with the student: _____

3. Frequency of appointments with student (e.g., once per week): _____

4. DSM-V Diagnosis(es): Include all pertinent diagnoses or rule-out diagnoses using DSM-5 codes. Be specific with regard to the diagnosed order (i.e. *specific* anxiety disorder, depressive disorder, etc.). Indicate the severity level and descriptive features of each diagnosis:_____

_____

_____

_____

_____

5. Date of diagnosis: _____

INFORMATION REGARDING THE PROPOSED EMOTIONAL SUPPORT ANIMAL (ESA)

1. Is this an animal that you specifically prescribed as part of a treatment plan for the student, or is it a pet that you believe will have a beneficial effect for the student while in University Housing? _____

_____

2. What symptoms will be reduced if the student has an ESA in University Housing? Please be specific. _____

_____

3. How does the need for the ESA relate to the student's ability to live on campus? _____

_____

_____

_____

_____

4. Is there evidence that an ESA has helped this student currently or in the past? If yes, please describe in detail. _____

_____

_____

_____

_____

IMPORTANCE OF THE EMOTIONAL SUPPORT ANIMAL

1. How important is it for the student's well-being that the ESA be in residence on campus. Please be specific. _____

_____

_____

2. What consequences, in terms of disability symptomology, may result if the accommodation is not approved? _____

_____

_____

3. Would the student be unable to live on campus without an approved emotional support animal? Please indicate below.

YES | NO

4. Have you received and discussed with the student the responsibilities of ownership associated with properly caring for an animal while engaged in typical college activities and residing in University Housing? _____

5. Do you believe that the student is prepared to handle those responsibilities?

YES | NO

6. Would the additional responsibilities exacerbate the student's symptoms in any way? If yes, please describe in detail. _____

_____

CARE PROVIDER INFORMATION

Print, sign, date and complete the fields below.

By signing below, I am verifying that the information I have provided for the named student is correct, that the student is a patient that I have been treating, and that I am not a relative of the student.

Provider Name (Print): _____ Date: _____

Provider Signature: _____

Provider Title: _____

Provider License or Certification Number: _____

Mailing Address: _____

_____

_____

Provider Phone: _____ Provider Fax: _____

Provider Email Address: _____

The student signed a Consent of Release of Information on page one of this form. We may reach out to you directly for further information or clarification to support the student's request for an emotional support animal (ESA).

Please complete this form in its entirety and submit it to:

Accessibility Services
McNeese State University
Box 92904
Lake Charles, LA 70609

Fax: 337-475-5878
Email: tdelaney@mcneese.edu