



## 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: \_\_\_\_\_

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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? \_\_\_\_\_

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

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

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

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### **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. \_\_\_\_\_

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

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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. \_\_\_\_\_

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**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

Email: [cgaspard1@mcneese.edu](mailto:cgaspard1@mcneese.edu)