EMOTIONAL SUPPORT ANIMAL
Treating Physician/Clinician Request for Information

Student Name: ________________________________________________________________________

Type of Animal (ex: cat, dog, rabbit, etc.) ___________________________________________________

The above-named student has requested that they be allowed to have an Emotional Support Animal
(“ESA”) in their residence hall on Tuskegee University’s campus as an accommodation, because it would
be helpful in alleviating one or more of the identified symptoms or effects of a disability. The student has
indicated that you are their health care provider. So that we may better evaluate the request for this
accommodation, please provide detailed answers to the following questions (please use a separate piece
of paper for your responses as necessary).

Information Regarding the Health Care Provider

1. Please describe your qualifications for providing the information requested on this form.
   _____Physician  _____Psychiatrist  _____Mental Health Professional

2. Please describe the nature of your professional practice.

3. Please provide the physical address of the office where you see patients.

4. Please indicate when you first started seeing the above-named student for the impairment described on
   this form.

Information Regarding the Student’s Disability (A person with a disability is defined as someone who has
“a physical or mental impairment that substantially limits one or more major life activities.”)

1. What is the student’s medical condition/diagnosis, and date of onset?
1. What is the student’s medical condition/diagnosis, and date of onset? Continued

_____________________________________________________________________________________
_____________________________________________________________________________________

2. What is the severity of the condition?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

3. How long is this condition likely to persist?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

4. Describe the symptoms related to the student’s condition, if any, that cause significant impairment in one or more major life activities and which would support the student’s request to have an ESA in their residence on campus?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Information About the Proposed ESA**

1. Is this an animal that you specifically prescribed as part of treatment plan for the student, and if so, why?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

2. Do you believe the ESA will have a beneficial effect for the student while in residence on campus, and if so, why and how?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

3. What symptoms will be reduced or affected by the student’s having the ESA in their residence hall?

_____________________________________________________________________________________
_____________________________________________________________________________________

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

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

**Importance of ESA to Student’s Well-Being**

1. In your opinion, how important is the ESA to the student’s general well-being. Please circle applicable statement.

   1 = not important  2 = Somewhat Important  3 = No significant importance/unimportance  
   4 = Important  5 = critically important ______________________
2. Please explain the rationale for your response to the previous question:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

3. In your opinion, terms of impairment-related symptomology, would result if the requested accommodation is not approved by the University?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

4. Have you discussed with your patient/client the responsibilities associated with properly caring for an animal while engaged in typical University activities and residing in campus housing? ___Yes ___No

5. Do you believe those responsibilities might exacerbate the student’s symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date).
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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 real benefit for someone with a significant impairment, though 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 contact information, sign and date this questionnaire (below), and return it to:

Steven B. McCrary
Director ADA Compliance
Tuskegee University
Tompkins Hall Rm. 404
Office: 334-727-8186 – Fax: 334-724-4949
Mobile: 615-604-1225
Email: smccrary@tuskegee.edu

Your Name (print) ________________________________________________
Address: _______________________________________________________
Telephone: _______________________________________________________
FAX __________________________________________ Email address: _____________
Your Signature: __________________________________ Date: _______________
License # and State: _______________________________________________
Animal Application & Registration Form

Name of Owner: ______________________________  Student ID: ____________________

Email: ______________________________  Cell: ______________________________

Permanent Address: _____________________________________________________________

Description of Animal

(Please attach a picture of the animal to this form)

Name of Animal: ____________________________________  Age: ______________________

Type of Animal/Breed: _________________________  Color:____________________________

License #: ___________________________________  License County/State: _______________

Has the animal ever bitten or shown aggression towards people? If yes, when? Please describe
the incident:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Local Emergency Caregiver Information In the event of an emergency or if you are not able to
adequately care for your animal, you must provide the information of a person who will take
responsibility for your animal. This may not be a current student who lives on campus. The
University may confirm this information.

Name: _____________________________________  Cell: ______________________________

Address: ______________________________________________________________________

I have read the Tuskegee University Conditions for Animals and I understand that failure to
comply with these guidelines may result in the revocation of any approval.

___________________________________________            _____________________________
Signature       Date
Animal Application & Registration Form
Assumption of Liability

I assume all responsibility for supervising the animal that I have registered with Tuskegee University. Additionally, I assume any and all liability for all actions of said animal.

I agree I shall, at my own expense, indemnify, defend and hold Tuskegee University, its directors, trustees, administrators, employees, students, agents, affiliates, designees and assignees harmless from and against any and all suits, causes of action, proceedings, loss, damage, liability or expense, including defense costs and legal fees, and claims of any nature, including but not limited to, damage to property and personal injuries arising out of or resulting from my animal’s presence on Tuskegee University property.

Neither the Residence Life & Housing Office nor Tuskegee University is responsible for supervising the registered animal, nor do they assume liability for the actions of the animal. I agree and understand that Tuskegee University is not responsible nor liable if the animal is lost, stolen or injured.

I am providing an alternate/emergency caregiver for the animal should I be unavailable to address concerns regarding the animal.

Name: _____________________________________ Cell: ______________________________
Address: ______________________________________________________________________
Signature ____________________________________________  Date ___________________
Veterinarian Verification Form
(Must be completed by the Veterinarian)

Veterinarian’s Name: __________________________ Clinic Name: __________________________

Address: __________________________________________________________________________

Phone Number: ___________________________ Fax Number: __________________________

Description of Animal

Owner Name: ______________________________________________________________________

Animal Name: _________________________________________________________________

Type of Animal/Breed: _________________________ Spayed/Neutered: _____Yes   _____No

Please describe any behavioral issues observed: _______________________________________
________________________________________________________________________________

Please include any other information the University should know about this animal:
________________________________________________________________________________
________________________________________________________________________________

Vaccinations- Please Check All That Apply

_____ Canine   _____ Bordetella   _____ Rabies
_____ DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona)
_____ Other Vaccinations:________________________________________________________

_____ Feline   _____ FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)
_____ FeLV (Feline Leukemia)   _____ Bordetella   _____ Rabies
_____ Other Vaccinations _________________________________________________________

By signing below, you are verifying the following:

1. The above animal has all current vaccinations as required.
2. All the above vaccinations will remain current through one year
3. The above animal has been given a stool sample test for internal parasites
4. The animal above is in general good health

Veterinarian Name: _____________________________________ Cell: _____________________

Address: ______________________________________________________________________

Veterinarian Signature _______________________________________  Date _____________