

## **Emotional Support Animal Mental Health Professional Form**

The University of Cincinnati does not allow students to have pets in University owned and operated housing. However, The University of Cincinnati recognizes that the reasonable accommodation of an Emotional Support Animal (ESA) is sometimes necessary to afford a student with a mental health disability equal access to University residential communities. The need for an ESA due to a mental health disability must be identified by a qualified mental health professional and approved through Accessibility Resources. Documentation must be provided by a qualified medical professional i.e., someone with direct experience specific to a disability diagnosis and approved through Accessibility Resources. For example, documentation from an Optometrist (eye specialist) denoting that a student has a mental health condition would not be accepted. A request to have an ESA within University of Cincinnati owned and operated housing is considered a request for an accommodation and will be reviewed on a case-by-case basis.

As a qualified mental health professional within your respective field, you should be diligent in following your professional training, scope of practice and ethics. When completing this form please consider; does the student making the request have a disability that substantially limits their ability to equally access campus housing; do you believe that the recommended animal serves a role in mitigating the impacts of the disability in ways that go beyond the benefits that a person receives from a pet?

A diagnosis or medical provider recommendation alone does not guarantee the request will be approved. The Accessibility Resources staff considers the nature of the condition's symptoms and all available accommodations and supports when making final decisions and recommendations. Accessibility Resources reserves the right to request additional documentation when making a determination.

Students with disabilities who are requesting an ESA must submit a formal request. Requests must also include this Form. Please complete this form to provide information and recommendations about the student request for an Emotional Support Animal.

We ask that you please complete this form electronically (type answers). If you have questions about this form or require assistance or accommodations to complete this form please contact Accessibility Resources at 513-556-6823 or email [accessresources@uc.edu](mailto:accessresources@uc.edu).

**This form must be returned to the student for them to upload with their online request form.**



Accessibility Resources  
Division of Student Affairs  
University of Cincinnati  
PO Box 210213  
Cincinnati, OH 45221-0213

210 University Pavilion  
Tel: (513)-556-6823  
Fax: (513)-556-1383

## Emotional Support Animal Mental Health Professional Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ESA Name: \_\_\_\_\_

Type of animal: \_\_\_\_\_

Age of animal: \_\_\_\_\_

The above-named student has indicated that you are the mental health provider who has prescribed that having an Emotional Support Animal (ESA) in the residence hall would be a significant factor in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

### Information About the Student's Disability

1. I, the undersigned diagnostic/treating professional, certify that the above named student: (**Check One**)

- Meets the definition of a disability as defined by the American's with Disabilities Act & Section 504 of the Rehabilitation Act of 1973. All ESA recommendations must relate to a mental health disability.
- Has a medical condition that impacts them but does not rise to the level of a disability,
- Does not have a condition that would require the requested accommodation.

2. What is the nature of the student's mental health disability? What is the diagnosis and how is the student substantially limited in a residential setting by this diagnosis or impairment?

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3. Does the student require ongoing treatment? Please explain.

4. How long have you been working with the student regarding this mental health diagnosis?

5. How are symptoms/disability currently being treated or controlled? Describe other medical treatments, therapies, devices, or regimens prescribed including compliance, and response to intervention.

**Information about the Proposed ESA**

6. Is this an animal that you specifically prescribed as part of treatment for the student? If so, please explain how the recommended ESA mitigates the symptoms association with the stated diagnosis.

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7. In your experience working with the student, is there evidence that an ESA has proved beneficial to mitigate symptoms associated with their disability? If so, please explain.

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

8. In your opinion, how important is it for the student's well-being that the ESA reside on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

9. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? 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. We recognize that having an accommodation in the residence hall can be a benefit for someone with a significant mental health disorder. To carefully consider the impact of any accommodation request, we must receive information which would help establish disability. Thank you for taking time to complete this form. If we need additional information, we may contact you at a later date.

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# CERTIFYING PROFESSIONAL

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

Place of Employment: \_\_\_\_\_

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

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

Fax Number: \_\_\_\_\_

Type of Specialty or license: \_\_\_\_\_

\_\_\_\_\_  
Signature of Certifying Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
License #/State Date