Juniata College **Student Accessibility Services** 1700 Moore Street Huntingdon, PA 16652 Phone: 814-641-3160 Fax: 814-641-5838 **Request for Information Regarding Emotional Support Animal** The student listed below has indicated that you are the 3rd party professional (physician, psychiatrist, social worker, mental health worker) to verify that having an Emotional Support Animal (ESA) in college-owned housing 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 accommodation request for an Emotional Support Animal, please complete this form. Please also note that documentation cannot be provided by a clinician who is employed or contracted by Juniata College. The 3rd party professional also cannot be a relative of the student. Student's Name: Proposed ESA Name of animal: Type of animal: _____ Age of animal: _____ Information About 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." Please state the mental health diagnosis(es) for which you are treating this student and that relates to the request for an ESA. (Please include the specific DSM-5 diagnosis.) How long has the student had this mental health diagnosis?

How long have you been working with the student regarding this mental health diagnosis?						
How frequently	do you have appoin	ntments with this student?				
What is the nate substantially lim		mental health impairment? H	ow is the student			
What is the exp	ected duration of the	e condition? Please circle or	write length of time.			
Six months	One year	More than one year	Lifelong			
Does the stude	nt require ongoing to	reatment?				

Information About the Proposed Emotional Support Animal (ESA)

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in college housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way?					
Importance of ESA to Student's Well-Being In your opinion, how important is it for the student's well-being that the ESA be in residence in college housing? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?					
Is there evidence that an ESA has helped this student in the past or currently?					
What symptoms will be reduced by having the ESA?					
Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence in college housing?					

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 college-owned housing can be of benefit to someone with a significant mental health disorder, but 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 college community.

Please provide contact information, sign and date this form (below), and return the form to Patty Klug, Director of Student Accessibility Services; <u>klugp@juniata.edu</u> or Fax: **814-641-5838**; or Juniata College, 1700 Moore Street, Huntingdon, PA, 16652.

3rd Party Professional Contact Information

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Name (print clearly):	 	
Professional Title:	 	
Address:		
Telephone:		
Phone:		
Email address:	 	
Signature of 3 rd Party Professional	Date	
License Type:	 	
License #:	 	
State (in which the license was issued):		

This information will be reviewed and accommodation decisions made in accordance with federal mandates and the policies of Juniata College. For further information or discussion, please contact Patty Klug, Director of Student Accessibility Services.