

**Juniata College
Student Accessibility Services
1700 Moore Street
Huntingdon, PA 16652
Phone: 814-641-3160
Fax: 814-641-5838**

Date: _____

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 appointments with this student?

What is the nature of the student's mental health impairment? How is the student substantially limited?

What is the expected duration of the condition? Please circle or write length of time.

Six months

One year

More than one year

Lifelong

Does the student require ongoing treatment?

Information About the Proposed Emotional Support Animal (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?

What symptoms will be reduced by having the ESA?

Is there evidence that an ESA has helped this student in the past or currently?

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?

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?

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 *Kerry Harper, Director of Student Accessibility Services*; kharperk@juniata.edu; or *Juniata College, Kerry Harper Good 218, 1700 Moore Street, Huntingdon, PA, 16652*.

3rd Party Professional Contact Information

Name (print clearly): _____

Professional Title: _____

Address: _____

Telephone: _____

Phone: _____ Fax: _____

Email address: _____

Signature of 3rd 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 Kerry Harper, Director of Student Accessibility Services.