

# TEXAS STATE

DISABILITY SERVICES®

## Emotional Support Animal Information Form

Student – **By signing below (print/type), you consent to allowing your mental health care provider to share any information relevant to your need for an Emotional Support Animal (ESA) as an accommodation, as shown on this form, with personnel from the Office of Disability Services at Texas State University for the next 60 days.**

Name:

Signature:

Date:

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The above-named student has indicated that you are the mental health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. Generally, we accept documentation from providers in the state of Texas or the student's home state who have personal knowledge of the student, consistent with their professional obligations. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

In order to better evaluate the request for this accommodation, we ask that you as the mental health care provider please provide the following information.

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### Information About the ESA

ESA Name:

Type of Animal:

Age of Animal:

### Information About the Student's Disability

1. Please identify the diagnosis for this student and provide the corresponding code from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V).
2. Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). How is the student **substantially limited**?
3. Does the student require ongoing treatment?      Yes      No
4. Date of first contact with the student regarding this mental health diagnosis:  
Month/Day/Year

OFFICE OF DISABILITY SERVICES  
601 University Drive | LBJ Student Center 5-5.1 | San Marcos, Texas 78666-4616  
phone: 512.245.3451 | fax: 512.245.3452 | WWW.ODS.TXSTATE.EDU

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM™

5. Date of last contact with the student regarding this mental health diagnosis:  
Month/Day/Year

### Information About the Proposed ESA

Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.

1. Is the animal one 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 on campus?
2. What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?
3. Is there evidence that an ESA has helped this student in the past or currently?      Yes      No

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

1. In your opinion, how important is it for the student's well-being that an ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
2. This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in the University housing. Has the student shared those restrictions with you?      Yes      No
3. 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.

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Mental Health Care Provider – **By signing below (print/type), you are confirming that you are the qualified healthcare professional who is providing the information above.**

Name: \_\_\_\_\_ Type of License & License #: \_\_\_\_\_

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please fax the completed form to the Office of Disability Services at 512.245.3452.  
If we need additional information, we may contact you at a later date. The student has signed this form (above) indicating written permission to share additional information with us in support of the request. If you have any questions, feel free to contact our office. Thank you.