TEXAS STATE UNIVERSITY
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 Disability Services at Texas State University for the next 60 days.

Printed First and Last Name	Student Signature	Date

Mental Health Care Provider: 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.

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

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

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 requested.

1. Is the animal one that you specifically prescribed as part of treatment for the student?

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. Do you believe the responsibilities of caring for an ESA may exacerbate the student's symptoms in any way? If yes, please explain.

If you have not had this conversation with the student, DS will discuss with the student at a later date.

By signing below (print/type), you are confirming that you are the qualified healthcare professional who is providing the information above:

_____ Printed Name of Person/Provider	_____ License Number
_____ Street Adress/P.O. Box Number/Agency/Department	(___ ___ ___)___ ___ ___ -___ ___ ___ ___ Telephone
_____ City, State, Zip Code	(___ ___ ___)___ ___ ___ -___ ___ ___ ___ Fax
_____ Signature	_____ Date

Please return the completed form to Disability Services or to the aforementioned-student. If we need additional information, we may contact you at a later date. The student has signed this for (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 at 512-245-3451 or at disability@txstate.edu. Thank you.