



# HOWARD COLLEGE

Big Spring (432) 264-5000 • Lamesa (806) 872-2223 • San Angelo (325) 481-8300 • SWCD (432) 264-3700

## REQUEST FOR INFORMATION Re: Emotional Support Animal

Student's Name: \_\_\_\_\_

Name of animal: \_\_\_\_\_

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

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

By signing below, I consent to allow my mental health provider to share any information relevant to my need for an ESA as an accommodation with Jill Johnson or Jim Waltherhouse for 60 days from the date of the appointment with the physician.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above-named student has indicated that you are the (physician, psychiatrist, social worker, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall 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 request for this accommodation, please answer the following questions:

### 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.")

What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)

Does the student require ongoing treatment?



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

## **Information About the Proposed 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 on campus?

What symptoms will be reduced by having the ESA?

Is there evidence that an ESA has helped the 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 on campus?



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 campus housing? Do you believe that those responsibilities might exacerbate the student's symptoms?

The student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in college housing. Has S/he shared those restrictions with you? Yes / No

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.** If we need additional information, we may contact you later. We recognize that having an ESA in the residence hall can be a real benefit for 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 campus community.

**Please provide contact information, sign and date this questionnaire (below), and return it to:**

Howard College Big Spring  
Advising Office  
1001 Birdwell Ln  
Big Spring, TX 79720



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Your contact information:

Name (printed): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Professional Signature: \_\_\_\_\_

License #: \_\_\_\_\_

Date of record: \_\_\_\_\_