



DISABILITY
ACCOMMODATIONS
& SUPPORT SERVICES
C H A N N E L
I S L A N D S

Addendum: Request for Emotional Support Animal in Housing

Disability Accommodations & Support Services

Arroyo Hall 210

Telephone 805-437-3331 Fax 805-437-8529 Email: accommodations@csuci.edu

If you are prescribing an Emotional Support Animal (ESA), please answer the following in detail and sign the ESA Potential Issues Statement that follows these questions:

First Name

Middle Initial

Last Name

Date of Birth

- 1) Is this the specific animal you prescribe as part of treatment for the individual? _____

- 2) In your professional opinion, how important is it for the individual's well-being that the ESA be in residence on campus? _____

- 3) What consequences, in terms of disability symptomatology, may result if the accommodation is not approved? _____

- 4) Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing (i.e., living with roommates, attending classes and activities)? Do you believe those responsibilities might exacerbate the individual's symptoms in any way?

Certifying Professional:

Diagnoses must be within the professional expertise and scope of practice of the certifying professional.

Clinician's Printed Name

Clinician's Signed Name

Date

License #

Title

Phone

Fax

Street Address

City

State

Zip

ESA Potential Issues Statement

Dear Clinician, by signing this statement, you agree that you have covered the *Potential Issues* listed below in detail with your patient and still maintain that the patient is capable of being a responsible owner of an Emotional Support Animal (ESA).

- I affirm that I have discussed the financial issues of owning and caring for an ESA (financially it is very costly: according to raisingspot.com for the first year of ownership, dogs can cost anywhere from \$660-\$5,270, with an additional yearly cost of \$360- \$2,520 for the lifetime of the dog).
- I affirm that I have discussed how my patient will care for the ESA, including providing the ESA with food, water, walking, veterinarian services, and spending time with the ESA.
- I affirm that I have discussed with my patient what (s)he will do with the ESA during weekends, holiday breaks, or when the student is in class.
- I affirm that I have assessed prior history of my patient's experience and ability in caring for an ESA.
- I affirm that my patient cannot function adequately without an ESA.
- I affirm I have discussed the pros and cons of the specific ESA my patient is requesting.
- I affirm that I have discussed with my patient various problematic scenarios involving the ESA and how the student will handle each situation.
- I affirm that I have discussed with my patient the emotional maturity necessary to properly care for an ESA.
- I affirm that I have discussed the possibility of increased roommate conflict due to an ESA.
- I affirm that I have discussed that it can make matching roommates more challenging.
- I affirm that I have explained to my patient that the ESA must be house trained prior to living in a dorm.
- I affirm that I have discussed with my client that an ESA may not acclimate well to living in a small dorm room.

Clinician's Printed Name

Clinician's Signed Name

Date

License #