

**Emotional Support Animal
Mental Health Provider Recommendation**

The person listed below has requested access for an Emotional Support Animal for University housing as an accommodation through the Disability Resource Center (DRC). This form must be filled out by a licensed professional with expertise in the area of the disability/condition. (Therapist, Psychiatrist, Psychologist, Neurologist, etc.). Submission of this completed form only allows the DRC to fully consider a request. A completed form does not guarantee that a request will be approved as a reasonable accommodation. Please note these answers may be included on this form or typed on the licensed professional letterhead, but all questions need to be answered for consideration.

Student's Name:	
Date this form was completed:	
Animal prescribed:	
Diagnosis / Diagnoses:	
DSM or ICD Codes:	
Date of Diagnosis:	
Date of most recent appointment:	
Is the student currently participating in any treatment(s) with some success? What symptoms/challenges continue to impact daily functioning?	

Is an emotional support animal a critical element of the current treatment plan you have developed with the student? How long has the animal been a prescribed part of the current treatment plan?

How does / might an emotional support animal reduce or alleviate current symptoms and better manage the student's disability?

What cautions might you have about considering an emotional support animal as an accommodation for this student at this point in time in a campus housing environment?

Provider's Signature: _____

Provider's Name (Printed): _____

Provider's License #: _____

Contact Information: _____

**Note: Signature denotes content accuracy, adherence and professional standards.
Fax a copy to EMU Disability Resource Center at 734-483-6515**