CSUF | Disability Support Services
STUDENT AFFAIRS AND
STRATEGIC ENROLLMENT MANAGEMENT

Emotional Support Animal (ESA) Provider Form

Student Name: _____ **CWID:** _____

Proposed Emotional Support Animal (if identified):

- Name of Animal: _____
- Species: _____

  (ESAs approved in university housing must be commonly domesticated household animals. Exotic, wild, or non-traditional animals are not permitted.)
- Breed/Color: _____
- Age of Animal: _____
  (Please refer to the ESA Policy regarding age restrictions)

Student Authorization

By signing below, I authorize my healthcare provider to release information relevant to my request for an Emotional Support Animal (ESA) accommodation to Disability Support Services at California State University, Fullerton (CSUF). This authorization is valid for sixty (60) days from the date of my signature. I understand that DSS may contact my provider to clarify the information provided on this form.

Student Signature: _____ **Date:** _____

Provider Information

Documentation from providers licensed in the State of California is required. Providers must have maintained a treatment relationship with the student for a minimum of thirty (30) days.

Provider Contact Information

Provider Name: _____

Professional Title: _____

License Number: _____

State of Licensure: _____

Address: _____

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Telephone Number: _____

Email: _____

Provider Certification

I certify that I conducted, supervised, or reviewed the clinical assessment of the student named above and that the information provided in this form is accurate and based on my professional knowledge and treatment of this individual.

Provider Signature: _____ **Date:** _____

Clinical Information

1. Treatment Relationship

- Date treatment relationship began: _____
- Dates of treatment within last six months: _____

2. Current Treatment

Is the student currently under your care for a condition?

☐ Yes

☐ No

3. Primary Method of Treatment:

☐ In Person

☐ Telehealth/Online

3. Disability and Functional Impact

Does the student have a DSM-5/ICD-10 diagnosis?

☐ Yes

☐ No

What is the diagnosis and please describe the functional limitations resulting from the condition and explain whether those limitations substantially limit one or more major life activities.

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5. Housing Limitations

Please describe the student's current functional limitations related to housing and residential living.

6. ESA Evaluation

Have you conducted a clinical evaluation regarding the student's request for an ESA?

☐ Yes

☐ No

7. Basis for ESA Recommendation

Did you observe the student interacting with the identified ESA as part of your evaluation?

☐ Yes

☐ No

If yes, please describe how the ESA mitigates the student's functional limitations and supports the student.

If not, please explain the basis for your professional opinion that the ESA is likely to mitigate the student's disability-related limitations.

9. Necessity of the ESA

Is the ESA clinically necessary to provide the student with equal opportunity to use and enjoy university housing?

☐ Yes

☐ No

If yes, please explain how the ESA specifically addresses the student's disability-related limitations beyond the general benefits of pet ownership.

10. Ongoing Assessment

How do you plan to assess the student's continued need for the ESA, and how frequently will that assessment occur?

11. Awareness of Housing Responsibilities

Has the student discussed the university's ESA housing policies and restrictions with you?

☐ Yes

☐ No

12. Animal Care Responsibilities

Discussions you have had with the student regarding responsibilities associated with caring for an animal while attending college and living in university housing (e.g., feeding, veterinary care, emergencies, financial obligations).

Do you believe animal care responsibilities could exacerbate the student's symptoms?

13. Potential Removal of the ESA

Please address the likely impact on the student if the ESA were permanently removed from university housing due to policy violations (e.g., injury to others, property damage). Please balance this impact against the benefit you expect the ESA to provide.

Submission Instructions

Thank you for taking the time to complete this form. Disability Support Services may contact you if additional clarification is needed. The student's signature above authorizes the release of relevant information related to this request.

Please submit the completed form to:

Email: dsservices@fullerton.edu

Subject Line: ESA Provider Documentation – [Student First and Last Name]