



**REQUEST FOR INFORMATION FROM HEALTH CARE PROVIDER**

**Re: Emotional Support Animal**

Student Name: \_\_\_\_\_

Type of Animal (ex: cat, dog, rabbit, etc.) \_\_\_\_\_

The above-named student has requested that they be allowed to have an Emotional Support Animal (“ESA”) in their residence hall on Siena College’s campus as an accommodation, because it would be helpful in alleviating one or more of the identified symptoms or effects of a disability. The student has indicated that you are their health care provider [please circle one] (physician, psychiatrist, mental health professional, other [please specify: \_\_\_\_\_]). So that we may better evaluate the request for this accommodation, please provide detailed answers to the following questions (please use a separate piece of paper for your responses as necessary):

**Information Regarding the Health Care Provider**

1. Please describe your qualifications for providing the information requested by this form.

\_\_\_\_\_  
\_\_\_\_\_

2. Please describe the nature of your professional practice.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please provide the physical address of the office at which you see patients.

\_\_\_\_\_  
\_\_\_\_\_

4. Please indicate when you first started seeing the above-named student for the impairment described in this form.

\_\_\_\_\_

**Information Regarding 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.”)*

1. What is the student’s medical condition/diagnosis, and date of onset?
  
2. What is the severity of the condition?

**Moderate to Severe** \_\_\_\_\_

3. How long is this condition likely to persist? \_\_\_\_\_
4. Describe the symptoms related to the student's condition, if any, that cause significant impairment in one or more major life activities and which would support the student's request to have an ESA in their residence on campus?

**Information About the Proposed ESA**

1. Is this an animal that you specifically prescribed as part of treatment plan for the student, and if so, why? \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you believe the ESA will have a beneficial effect for the student while in residence on campus, and if so, why and how?  
\_\_\_\_\_  
\_\_\_\_\_
3. What symptoms will be reduced or affected by the student's having the ESA in their residence hall?  
\_\_\_\_\_  
\_\_\_\_\_
4. Is there evidence that an ESA has helped this student in the past or currently? If yes, please describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Importance of ESA to Student's Well-Being**

1. In your opinion, how important is it with 1 = not important to 5=critically important, for the student's well-being that the ESA resided with the student on campus? \_\_\_\_\_
2. Please explain the rationale for your response to the previous question: See above.  
\_\_\_\_\_  
\_\_\_\_\_
3. What consequences, in terms of impairment-related symptomology, would in your opinion result if the requested accommodation is not approved by the College?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you discussed with your patient/client the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? \_\_\_\_\_
5. 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 at a later date. We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant impairment, though 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:

Lindsay Green  
Director, Office of Accessibility  
Siena College, 515 Loudon Rd, Loudonville, NY 12211  
518-783-4239 fax: 518-782-6770  
*lgreen@siena.edu*

Your Name (please print) \_\_\_\_\_

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

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

FAX and/or Email  
address: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License # and State: \_\_\_\_\_