



**REQUEST FOR INFORMATION TO
PHYSICIAN, PSYCHIATRIST, SOCIAL WORKER, MENTAL HEALTH WORKER**

Snow College Student: Please fill out your information and the Emotional Support Animal Information. Then give this form to your health provider to fill out the remainder and return to Snow College.

Student's Name: _____ ID: _____

Campus or Home Address: _____

Contact Number#: _____ E-Mail: _____

Signature of student authorizing release of information concerning a disability:

Proposed Emotional Support Animal (ESA)

Name: _____

Type/Breed of Animal: _____

Age of Animal: _____

Size of Animal: _____

Physician, Psychiatrist, Social Worker, Mental Health Worker: The above-named student has indicated that you are the physician, psychiatrist, social worker, or mental health worker who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be necessary 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. Also, the student has authorized you to release this information. If you require a more specific release, please have the student fill out your HIPAA Release Form also.

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.")

1. What is the mental health impairment (disability- DSM-5), and how is the student's substantially limited in a major life function?

2. Does the student require ongoing treatment?

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

Information about the Proposed ESA

1. Is this an animal that you specifically prescribed as part of treatment for the student?

2. What symptoms will be reduced by having the ESA?

3. Describe your observations of how the animal and patient interact and how long you observed the interaction.

Importance of ESA to Student's Well-Being

1. In your opinion, how important is it for the student's well-being that the ESA be in residence on campus?

2. What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

3. Have you discussed the responsibilities associated with being solely responsible for the care of an ESA and properly caring for an animal while engaged in typical college activities and residing in campus housing? For example, student complete internships, go abroad, go to classes and participate in clubs and organizations that can take them out of their residences for long periods of time. Snow College requires that the ESA be crated/caged at all times when students are not in their rooms.

YES NO _____ Initials

4. Do you believe those responsibilities might exacerbate the student's symptoms in any way? For example, the additional time and cost of caring for an animal on top of taking care of themselves. (If you have not had this conversation with the student, we will discuss this with the student at a later date.)

YES NO _____ Initials

If YES, please explain:



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 mental health disorder. However, the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on the student, the campus community and the animal.

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

Snow College
Office of Disability
150 East College Avenue
Ephraim, UT 84627
Email: paula.robison@snow.edu

Healthcare Provider Contact Information:

Name: _____

Address: _____

Telephone: _____

FAX and/or Email address: _____

Professional Signature: _____

License #: _____

Date: _____