

Emotional Support Animal (ESA) Request Form



Disability Resource Center

204 North Lexington Avenue, Wilmore, Kentucky 40390 | 800.2ASBURY | asburyseminary.edu
859.858.2188 | fax: 859.858.2021 | student.services@asburyseminary.edu

When a student submits a request for the use of an Emotional Support Animal (ESA) in campus residences at Asbury Theological Seminary, the approval process requires specific diagnostic and therapeutic information from a licensed clinical professional who is directly responsible for the diagnosis and treatment of the disability. This information provides substantiation for the intentional use of an ESA as a therapeutic benefit of alleviating one or more of the identified symptoms or effects of the mental health disability of the student or family member.

An ESA is not a Service Animal and does not have public access. Unlike a Service Animal, an ESA does not assist a person with a disability with activities of daily living, nor does it accompany a person with a disability at all times. An ESA is incorporated into a treatment process to assist in alleviating the symptoms of that individual's disability. This treatment occurs within the person's residence and therefore may not be considered to have access to Seminary work environment or other public access.

- Please note that the Disability Resource Center will NOT accept documentation completed by a member of the student's family.
- Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.
- The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation that support requests for an ESA. The websites in question offer documentation for sale that is not reliable for purposes of determining whether an individual has a disability or disability related need for an ESA, in that the website operators and consulting professionals lack the personal knowledge that is necessary to make such determinations.

To be completed by the student:

STUDENT NAME		STUDENT ID#	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE	DATE		

In the event of an emergency, and the owner is unable to attend to the ESA, the following individual (not residing on the Seminary property) will take responsibility of the ESA:

NAME		DATE	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE	EMAIL		

In the event the request for an ESA is for a family member who will be residing in Seminary housing, please identify the family member and age of the family member.

NAME		AGE	
ANIMAL BEING REQUESTED		BREED	
NAME OF ANIMAL		COLOR OF ANIMAL	AGE OF ANIMAL

Please submit vet records showing rabies vaccinations, as appropriate to species, with paperwork and a photo of the animal.

SIGNATURE

DATE

By signing this form, I consent to allow my mental health care provider (or that of a family member) to share with authorized Asbury Theological Seminary personnel any information relevant to the need for an ESA as an accommodation, as shown on this form for the duration of residence at Asbury Theological Seminary.

To be completed by the certifying professional:

CERTIFYING PROFESSIONAL NAME

TITLE

LICENSE NUMBER

OFFICE/AGENCY NAME

OFFICE/AGENCY ADDRESS

OFFICE/AGENCY PHONE

The above-named student has indicated that you are the mental health care provider who has suggested that using an Emotional Support Animal (ESA) for an individual living in the campus residence as a means for therapeutic benefit in alleviating one or more of the identified symptoms or effects of the mental health disability of the student or family member, so that the individual can more fully enjoy residential life at Asbury Theological Seminary.

Please note that there are some restrictions on the kind of animal that can be approved for the residence quarters. It is possible the student (or family member) may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.

1. Does the student (or family member) who you have individually examined and treated have a physical or mental impairment that substantially limits one or more major life activities?

NO

YES: Describe _____

2. Identify the disability-related need for an ESA and explain how the animal alleviates one or more of the identified substantially limiting major life activities (thereby reducing the identified symptoms or effects of this individual's existing disability).

3. Does the student (or family member) require ongoing treatment?

NO

YES: Describe _____

4. When did you first meet with the student (or family member) regarding this mental health diagnosis, and in what context (that is, was it a face-to-face meeting or a virtual interaction)?

5. When did you last meet with this individual? _____
6. What type of animal is being requested? _____
7. Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the individual while in residence on campus?
- _____
8. What specific symptom will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?
- _____
9. Is there evidence that an ESA has helped this individual in the past or currently? If so, please describe this.
- _____
10. In your opinion, how important is it for the individual's well-being that an ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
- _____
11. The student was provided a copy of the rules and restrictions surrounding the presence of an animal in residence at Asbury Theological seminary. Has the student shared those restrictions with you?
- Yes
- No
12. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical campus activities and residing in campus housing? Do you believe those responsibilities might exacerbate the individual's symptoms in any way?
- _____
13. Please attach the qualifying documentation that demonstrates the need for an Emotional Support Animal. Documentation Requirements:
- Date(s) of the evaluation
 - The diagnosis of the disability
 - The documentation must be current, giving an accurate picture of how the disability impacts the student at this point in time.
 - For psychiatric disabilities the documentation should be current within the past year, with updates provided (as appropriate) during a student's enrollment.
14. I am verifying that the named student information is correct, that the student or (family member) is a patient that I have been treating, and that I am not a relative of the student.

MEDICAL PROVIDER'S SIGNATURE

DATE

Please return to:

Disability Services Coordinator
204 N Lexington Ave, Wilmore, KY 40390
Fax: (859) 858-2021
Email: disability.services@asburyseminary.edu