



# University of Pittsburgh

## *Disability Resources and Services*

140 William Pitt Union  
Pittsburgh, Pennsylvania 15260  
Voice: 412-648-7890  
Fax: 412-624-3346  
[www.drs.pitt.edu](http://www.drs.pitt.edu)

## Emotional Support Animal (ESA) Request Form

*(To be completed by a treatment provider. This form is offered as a guide. DRS will review all formats of documentation submitted.)*

### Directions for Treatment Provider:

- Include additional relevant documentation that describes the current impact of the student's condition.
- Return the Emotional Support Animal (ESA) Request Form or alternate documentation to your patient or directly to Disability Resources and Services (contact information on final page).
- We will accept documentation from providers in the State of Pennsylvania or the students' home state. So that we may better evaluate the request for this accommodation, please answer the following questions:

**Student Name:**

**Date of Birth:**

**Student Status:**

**Incoming First Year**

**Transfer**

**Upper-class**

### THIS SECTION MUST BE COMPLETED FOR FORM TO BE VALID

Treatment Provider who completed this Form:

Name (Please Print):

Credentials:

License or Certification Number:

Phone:

Signature:

Date:



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### Information about the Student's Disability

**A disability is defined under the Americans with Disabilities Act as “a physical or mental impairment that substantially limits one or more major life activities.”**

- |  |    |     |
|--|----|-----|
| 1. Based on the definition, does the individual have a disability? | No | Yes |
|--|----|-----|

Date of original diagnosis:

Date of most recent evaluation:

Is the student currently under your care?	No	Yes
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Does the student require ongoing treatment?	No	Yes
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2. What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)

### Information about the Proposed ESA

**Name of animal (if applicable):**

**Type of animal:**

**Age of animal:**

1. Is this an animal 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 student while in University-owned housing?
2. What symptoms will be reduced by having the ESA?
3. Is there evidence that an ESA has helped this student in the past or currently?



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### 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 University-owned housing? What consequences, in terms of disability symptomatology, may result if the accommodation is not approved?
  
2. Have you discussed the responsibilities associated with properly caring for an animal while engage in typical college activities and residing in University-owned housing? Do you believe those responsibilities might exacerbate that student's symptoms in any way?

Thank you for taking the time to complete this form. If we require additional information, we may contact you at a later date. We recognize that having an ESA in University-owned housing can be a real benefit for someone with a significant mental health disorder, but 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.

**Submit completed documentation either directly to your patient or to DRS office:**

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[drsrecep@pitt.edu](mailto:drsrecep@pitt.edu) | Phone: 412-648-7890 | Fax: 412-624-3346**