

# Emotional Support Animal Documentation Guide

The student providing you with this guide is requesting permission to bring an Emotional Support Animal (ESA) into University Housing at the University of Louisville as an accommodation for a disability.

- A disability is defined as **“a physical or mental impairment that substantially limits one or more major life activities.”**
- An Emotional Support Animal (ESA) is an animal companion that offers some type of benefit to an individual with some form of disability. The animal is intended to provide companionship and support that will help alleviate at least one aspect of the disability.

The Disability Resource Center has developed this document to assist us in obtaining the necessary information to efficiently and effectively engage in the interactive process with the student. A student’s health care provider (therapist, psychologist, psychiatrist, physician or other health care professional) can be of great assistance to the student and University by providing information so we can engage in the interactive process to determine the student’s needs and how we can best support the student.

Properly caring for an animal while engaged in typical college activities and residing in University Housing is a significant responsibility. Please consider whether caring for this animal in this setting will exacerbate the student’s symptoms in any way before recommending an Emotional Support Animal (ESA).

**TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL (therapist, psychologist, psychiatrist, physician or other health care professional):**

*This information will be reviewed by the University of Louisville Disability Resource Center. Please answer questions thoroughly or use as a guide in writing documentation provided to support the interactive process.*

Student Name:
Do you have a professional relationship with the above-named student involving the provision of health care or disability-related services? Please include the length of your relationship and how frequently you meet with the student:
Does the above-named student have a physical or mental impairment?

How does the above-named student's impairment(s) substantially limit at least one major life activity or major bodily function? (Note: Major life activities/bodily functions is inclusive of eating, sleeping, caring for one's self, learning, maintaining a schedule, interactive with others, etc.)

Please explain or provide examples of how the animal will provide therapeutic emotional support to alleviate a symptom or effect of the student's disability. (See example below)

*Symptom: Difficulty sleeping/insomnia*

*Therapeutic Emotional Support: My observation is that the student relies on their animal to fall asleep and is better rested when able to have their animal with them*

List Symptom 1:

Explain Therapeutic Emotional Support:

List Symptom 2:

Explain Therapeutic Emotional Support:

List Symptom 3:

Explain Therapeutic Emotional Support:

Is there any additional information you would like to share?

**PROVIDER INFORMATION:**

Provider Name & Credentials:
Address:
Telephone:
Fax and/or Email Address:
Professional Signature:
License #:
Date:

Please return this completed form to the student so that they may upload the form with their Emotional Support Animal Request. If preferred, you may return this form directly to the Disability Resource Center by email to [askdrc@louisville.edu](mailto:askdrc@louisville.edu) or by fax at 502-852-0924.