



Emotional Support Animal Recommendation Form

As a student making a request for an emotional support animal, I recognize that it is my obligation to contact my therapist or medical provider and ask them to provide sufficient documentation to the Pacific University Learning Support Services Office. I authorize my therapist or medical provider to complete this recommendation form and release it to Pacific University personnel regarding my request for an emotional support animal.

Student Name (Print)

Student Signature

Date

To be completed by therapist or medical provider.

Client/Patient Name: _____

Therapeutic/Treatment Relationship (number of sessions/appointments) _____

My Client/Patient has a diagnosed Medical or Mental Health Condition _____ **Yes** _____ **No**

Functional Impairment: _____

Benefit that support animal provides beyond other forms of treatment: _____

When considering an emotional support animal for a client/patient that resides in a residence hall, please consider and talk with your client/patient in advance regarding relevant considerations such as the following:

- Does the client/patient have a pre-established relationship with the animal? Do they know the temperament of the animal and have a plan to assist the animal to adapt to a multi-resident setting?
- Does the client/patient have roommates? Has the client/patient talked with roommates about potential animal concerns?
- Is the animal properly housetrained?
- Does the client/patient understand they must pickup the animal’s feces on campus grounds?
- Does the client/patient understand they must effectively control animal? The animal cannot impose a threat to others and the owner and animal must adhere to all residence hall policies (e.g. quiet hours)?
- Does the client/patient understand the emotional support animal is not permitted in any residence hall areas other than their room and the route to enter and exit the building?
- Does the client/patient understand that an emotional support animal is not permitted to go with them to class or into other buildings on-campus?
- Does the client/patient understand that they must care for their animal properly (including but not limited to routine trips outside to go to the bathroom, grooming, vaccines, dog sitting for overnight absences, animal must be removed during University breaks)?
- Does the client/patient understand they must be sensitive to odors, noise and general disruption an animal may cause, so respect to roommates and fellow residents is maintained?
- Does the client/patient understand they are financially responsible for the actions of their animal including bodily injury, property damage, replacement of furniture, carpet, blinds etc.? They are expected to cover all costs of returning the unit to the same condition of move-in, including if applicable, carpet and furniture cleaning.
- Does the client/patient understand that the animal could be precluded from University housing if standards are not met, including care of the animal or if interactions with others becomes a concern?

I have experience and am familiar with emotional support animals in regards to their benefit beyond other forms of treatment. I have discussed with my client the issues to consider when having an emotional support animal in a residence hall. I recommend that my client have an emotional support animal.

Therapist/Medical Provider Name

Date

Therapist/Medical Provider Address

Therapist/Medical Provider Phone Number

Note to Therapist/Medical Provider: Please fax this completed form to 503-352-6260 to the attention of the Learning Support Services Office; or email as an attachment to *lss@pacificu.edu*.