



Georgia Institute of Technology Office of Disability Services

Emotional Support Animal Request Form

353 Ferst Drive, Atlanta, GA 30332 || dsinfo@gatech.edu || 404-894-2563

Student Name: _____ **GTID Number:** _____

Animal Type (please circle): Dog Cat Bird Rabbit Ferrets Other: _____

Reason for Form

A client/patient of yours is currently enrolled at Georgia Institute of Technology and living on campus. They are reporting to the Office of Disability Services that they meet the definition of disability under criteria of the Americans with Disabilities Act (ADA). They have reported that you are their provider currently treating them for this disability. Please read the important terms and definitions and then fill out the following information based on the terms and definitions and your clinical judgement.

Important Terms and Definitions

Emotional Support Animals (ESA), or Comfort Animals are not covered under the Americans with Disabilities Act (ADA). They are covered under the Fair Housing Act (FHA). ESAs are not considered Service Animals, and DO NOT have public access rights. These animals provide companionship and are used to aid with certain diagnoses, such as anxiety, depression, etc. They are not trained to perform specific tasks to mitigate a disability. ESAs must be housebroken and must aid in decreasing the impairments of a disability on everyday functioning. A disability is defined, per ADA, as: “a physical or mental impairment that substantially limits one or more major life activities, or a record of such an impairment.” Please note, by signing this form you are stating that the individual’s diagnosis matches the ADA definition of disability—the diagnosis is disabling enough that the individual needs the presence of the animal to function in everyday life activities (activities of daily living, academic, occupational, etc.).

Information about the Student’s Disability

What is the students’ current diagnosis/diagnoses? (Please provide DSM-V/ICD-10 codes)

How long have you been working with this student regarding this/these diagnosis/diagnoses?

Does this student require ongoing treatment?

Information Regarding Animal's Participation in Treatment

In your clinical opinion, is this an animal that you would prescribe as part of the treatment process for this disability?

Please report the symptoms that this animal relieves for this student:

ESA and Student Wellbeing

What negative impacts would occur if this housing accommodation were not approved? How would this individual's disability be impacted?

Please Check the Following:

_____ I certify that in my clinical judgement, this individual does have a disability, the animal is needed to assist this individual with their disability, and that the animal does in fact assist their disability in a positive way. This individual does meet the ADA criteria of disabled, where their diagnosis is impacting functioning in a major way, and that the animal prescribed will positively assist in alleviating the impact of this disability.



Thank you so much for taking the time to fill out this form. If any additional information is needed, we will contact you later. While ESA's can greatly benefit individuals with significant mental health disorders, it is important to carefully consider the impact of the request for an ESA on both the student and campus community.

Please provide the following:

Provider Signature: _____

Provider Printed Name: _____

License Type**: _____

License Number: _____

State Licensed in: _____

Date: _____

Address: _____

State: _____ City: _____ Zip: _____

Phone number: _____

Fax and/or email address: _____

**Please ensure that if not fully licensed, this form is also signed by the clinical supervisor!

Please return this form to:

Georgia Institute of Technology
Attn: Office of Disability Services
353 Ferst Drive
Atlanta, GA 30332
Phone: 404-385-5429
Email: dsinfo@gatech.edu
Fax: 404-385-5429