



**Disability Support Services  
Division of Academic Affairs**  
University of Wisconsin-Superior  
PO Box 2000  
Belknap & Catlin Ave.  
Superior, WI 54880

Swenson Hall 1025  
Tel: (715)-394-8110  
Fax: (715)-394-8441

## **Emotional Support Animal Medical/Mental Health Professional Form**

The University of Wisconsin-Superior does not allow students to have pets in University owned and operated housing. However, The University of Wisconsin-Superior recognizes that the reasonable accommodation of an Emotional Support Animal (ESA) is sometimes necessary to afford a student with a mental health disability equal access to University residential communities. The need for an ESA due to a mental health disability must be identified by a qualified mental health professional and approved through Disability Support Services. Documentation must be provided by a qualified medical professional i.e., someone with direct experience specific to a disability diagnosis and approved through Disability Support Services. For example, documentation from an Optometrist (eye specialist) denoting that a student has a mental health condition would not be accepted. A request to have an ESA within University of Wisconsin-Superior owned and operated housing is considered a request for an accommodation and will be reviewed on a case-by-case basis.

As a qualified medical/mental health professional within your respective field, you should be diligent in following your professional training, scope of practice and ethics. When completing this form please consider; does the student making the request have a disability that substantially limits their ability to equally access campus housing; do you believe that the recommended animal serves a role in mitigating the impacts of the disability in ways that go beyond the benefits that a person receives from a pet?

A diagnosis or medical provider recommendation alone does not guarantee the request will be approved. The Disability Support Services staff considers the nature of the condition's symptoms and all available accommodations and supports when making final decisions and recommendations. Disability Support Services reserves the right to request additional documentation when making a determination.

Students with disabilities who are requesting an ESA must submit a formal request. Requests must also include this Form. Please complete this form to provide information and recommendations about the student request for an Emotional Support Animal.

We ask that you please complete this form electronically (type answers). If you have questions about this form or require assistance or accommodations to complete this form please contact Disability Support Services at 715-394-8110 or email [disability@uwsuper.edu](mailto:disability@uwsuper.edu).

**This form must be emailed ([disability@uwsuper.edu](mailto:disability@uwsuper.edu)) or faxed (715-394-8441) to our office.**



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For the provider—please read:

Wisconsin State Policy prohibits students from having animals in the residence halls, but it (i) allows service animals and (ii) makes reasonable accommodations to its no animal policy for individuals with disabilities who may need an assistance animal.

There is a difference between a service animal and an assistance animal (ESA):

- A “service animal” is any dog or a miniature horse that is individually trained to do work or perform tasks for the benefit of an individual with a disability.

Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, pulling a wheelchair, or providing physical support with balance and stability to individuals with mobility disabilities.

- An “assistance animal” or emotional support animal (ESA) is an animal that is prescribed to a student with a disability by a medical or mental health professional and is necessary to afford him or her with an equal opportunity to use and enjoy the residence halls at UW-Superior. There must be an identifiable relationship or nexus between the student’s disability and the assistance the animal provides. For example, an assistance animal/emotional support animal’s presence may positively impact the symptoms of the student’s disability by providing emotional support.



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## Emotional Support Animal Medical/Mental Health Professional Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ESA Name: \_\_\_\_\_

Type of animal: \_\_\_\_\_

Age of animal: \_\_\_\_\_

The above-named student has indicated that you are the mental health provider who has prescribed that having an Emotional Support Animal (ESA) in the residence hall would be a significant factor in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

### Information About the Student's Disability

1. I, the undersigned diagnostic/treating professional, certify that the above named student: **(Check One)**

- Meets the definition of a disability as defined by the American's with Disabilities Act & Section 504 of the Rehabilitation Act of 1973. All ESA recommendations must relate to a mental health disability.
- Has a medical condition that impacts them but does not rise to the level of a disability,
- Does not have a condition that would require the requested accommodation.

2. What is the nature of the student's mental health disability? What is the diagnosis and how is the student substantially limited in a residential setting by this diagnosis or impairment?

3. Does the student require ongoing treatment? Please explain.

4. How long have you been working with the student regarding this mental health diagnosis?

5. How are symptoms/disability currently being treated or controlled? Describe other medical treatments, therapies, devices, or regimens prescribed including compliance, and response to intervention.

**Information about the Proposed ESA**

6. Is this an animal that you specifically prescribed as part of treatment for the student? If so, please explain how the recommended ESA mitigates the symptoms associated with the stated diagnosis.

7. In your experience working with the student, is there evidence that an ESA has proved beneficial to mitigate symptoms associated with their disability? If so, please explain.

**Importance of ESA to Student's Well-Being**

8. In your opinion, how important is it for the student's well-being that the ESA reside on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

9. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? And if so, how? (If you have not had this conversation with the student please do so.)

Thank you for taking the time to complete this form. We recognize that having an accommodation in the residence hall can be a benefit for someone with a significant mental health disorder. To carefully consider the impact of any accommodation request, we must receive information which would help establish disability. Thank you for taking time to complete this form. If we need additional information, we may contact you at a later date.

# CERTIFYING PROFESSIONAL

Name & Title: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Type of Specialty or license: \_\_\_\_\_

\_\_\_\_\_  
Signature of Certifying Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
License #/State Date