Medical documentation for an Emotional Support Animal in on-campus housing
EMOTIONAL SUPPORT ANIMAL (ESA) CLINICAL RECOMMENDATION – HOUSING ACCOMMODATION

Residence Services offers on-campus housing to eligible students at UVic. Students with restrictions and/or limitations resulting from a disability or chronic health condition that require specialized housing arrangements are considered through the Priority Consideration Process. This process determines what accommodations can be met in on-campus housing and/or if the request is sufficient to grant priority into residence.

Students requesting that an ESA reside with them in on-campus housing are required to have the medical professional who provides treatment to them complete the questions below. These questions are designed to determine the restrictions and/or limitations resulting from a disability or chronic health condition that relate to the need for an emotional support animal.

Please note: All questions below must be completed

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>____________________________________________________________________________</th>
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<tr>
<td>Type of ESA recommended:</td>
<td>____________________________________________________________________________</td>
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1. Does this student have a diagnosed mental or physical impairment that substantially limits one or more of their major life activities?  □ Yes  □ No

2. Does the student require/receive ongoing treatment? __________________________________________

3. How long have you provided treatment to the student? ________________________________

4. Has the ESA specifically been prescribed as part of the student’s treatment plan?__________________________

5. Please indicate the functional limitations related to the student’s disability.
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

6. How does the emotional support animal address the above functional limitations?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

7. Is there evidence that the ESA has helped the student in the past or currently?  □ Yes  □ No
   If yes, please describe:______________________________________________________________
8. Considering the limitations you have noted above in response to question 5, are there any alternative treatments to an ESA that may assist this student?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

9. Additional comments or recommendations:

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Professional Attestation

Name: _______________________________  Professional designation: __________________________

Address: ______________________________

Phone number: _________________________  Email: _______________________________

________________________________________  Signature of attesting professional  __________________________ Date