



# Medical documentation for an Emotional Support Animal in on-campus housing





# CONFIDENTIAL

## 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**

**Student Name:** \_\_\_\_\_

**Type of ESA recommended:** \_\_\_\_\_

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?

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7. Is there evidence that the ESA has helped the student in the past or currently?  Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_





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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?

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9. Additional comments or recommendations:

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### Professional Attestation

Name: \_\_\_\_\_ Professional designation: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of attesting professional

\_\_\_\_\_  
Date

