

## Disability Verification Form for Emotional Support Animal (ESA)<sup>1</sup>

Student name:

CWID:

Birthdate:

*I am requesting an emotional support animal accommodation through the Office of Student Accessibility at Pepperdine University. Pepperdine requires current and comprehensive documentation of my disability/medical condition. Please respond to the following questions as soon as possible and forward by mail or fax listed.*

Students: You may submit this form to [student.accessibility@pepperdine.edu](mailto:student.accessibility@pepperdine.edu) through the secure link at Pepperdine secure attachments

The above-named student has indicated that you are the provider who has suggested that having an Emotional Support Animal (ESA) in Pepperdine University on-campus housing will be helpful in alleviating one or more symptoms or effects of the student's disability. Please answer the following questions so that we may better evaluate the request for this accommodation. Complete information will better assist us in the decision making process for the ESA request.

Physician/provider name and title (print):

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Phone:

Fax:

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Organization & address:

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Email address:

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Length of time you have worked with this student:

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<sup>1</sup> Updated 5.5.2020

Student Name:

**Information about the Student's Disability:**

1. What is the student's disability?
2. How is the student substantially limited by this disability such that an ESA would be necessary for this student to have full benefit of housing on Pepperdine University's campus?
3. Does the student require ongoing treatment for this diagnosis?
4. How long have you been working with the student regarding this diagnosis?

**Information about the Proposed ESA:**

1. Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in on-campus housing?
2. Please describe specific symptoms which may be reduced by having an ESA.
3. Is there evidence that an ESA has helped this student in the past or currently? If so, please explain.

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

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

1. In your opinion, how important is it for the student's well-being that the ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
  
  
  
  
  
  
  
  
  
  
2. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?
  
  
  
  
  
  
  
  
  
  
3. Do you believe those responsibilities might exacerbate the student's symptoms in any way?

**Proposed ESA Information:**

ESA Name: \_\_\_\_\_ Species: \_\_\_\_\_  
Breed: \_\_\_\_\_ Gender: \_\_\_\_\_  
Age of animal: \_\_\_\_\_ Is the animal Spayed or Neutered? Y N N/A

**This form must be completed by the Medical/ Mental Health Professional listed above.**

Thank you for completing this form. If the Office of Student Accessibility needs additional information, the Office may contact you at a later date.

Pepperdine University recognizes that having an ESA in on-campus housing can ameliorate symptoms for someone with a significant mental health disorder. The practical limitations of housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

*The information I provide is current and accurate to the best of my knowledge based on my recent evaluation of this patient and/or my review of records.*

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Physician/Therapist Signature License # Date