

Caltech Accessibility Services for Students  
Phone: 626-395-2961  
Email: [cass@caltech.edu](mailto:cass@caltech.edu)

## Request for Information RE: Emotional Support Animal

Student's Name:

Type of animal(s):

Name of animal(s):

Age of animal(s):

The above-named student has indicated that you are the medical professional who has suggested that having an Emotional Support Animal (ESA) in Caltech Housing will be helpful 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. Does the student have a disability (i.e. a physical or mental impairment) that substantially limits one or more major life activities? \_\_\_ Yes \_\_\_ No
2. How long have you been treating this student regarding their disability?
3. Does the animal alleviate one or more of the symptoms or effects of the student's disability? If yes, what symptoms? Please describe how the presence of the animal provides support to the student. *(Note: if the student is requesting multiple animals, please describe the need for each animal.)*

4. Describe how your therapeutic or medical relationship with the student has informed your conclusion of the necessity of an ESA within University Housing.

5. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical student activities and residing in campus housing? \_\_\_ Yes \_\_\_ No.

If yes, please feel free to add any comments:

6. Do you believe those responsibilities might exacerbate the student's symptoms in any way?  
\_\_\_ Yes \_\_\_ No

If yes, please explain:

**Thank you for taking the time to complete this form. If we need additional information, we may contact you.**

**Please provide your contact information, sign, and date this questionnaire (below), and email it to CASS at [cass@caltech.edu](mailto:cass@caltech.edu)**

Name:

Address:

Telephone:

Email address:

License #/state:

Signature: \_\_\_\_\_

Date: