



## PROVIDER QUESTIONNAIRE FOR EMOTIONAL SUPPORT ANIMAL

(Do not use this form to document the need for General Housing Accommodations)

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_

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

By signing below, I consent to allowing my healthcare provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with Disability Services for the next 60 days (about 2 months).

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Dear Licensed Clinical Professional or Healthcare Provider

The above-named student has made a request to receive permission to keep an Emotional Support Animal (ESA) in campus housing. To evaluate the student's request for a housing accommodation of an Emotional Support Animal at San Juan College, the Disability Services Office requires specific information from a physician, optometrist,



## How to Submit

Once this form has been completed, it should be sent to Disability Services. The student can upload this form to their application, or it can be scanned and emailed to DSO directly by the student or healthcare provider via the contact information below:

Disability Services Office                      Phone: 505-566-3271  
San Juan College                                  Fax: 505-566-4408  
4601 College Blvd, Farmington, NM 87402  
Email: [disabilityservices@sanjuancollege.edu](mailto:disabilityservices@sanjuancollege.edu)

## PROVIDER QUESTIONNAIRE

### Information About the Student's Disability

Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation).

- 1) What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)
  
- 2) Does the student require ongoing treatment?
  
- 3) When did you first treat the student regarding this mental health diagnosis?
  
- 4) When did you last interact with the student regarding his mental health diagnosis?



### Information About the Proposed ESA

- 1) If the student currently has an ESA, is it one that you specifically prescribed as a part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?
- 2) What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?
- 3) Is there evidence that an ESA has assisted the student with the above referenced condition in the past or currently?

### Importance of ESA To Student's Well -Being

- 1) In your opinion, how important is it for the student's well-being that an ESA be in residence on campus?
- 2) What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
- 3) This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in the residence in the college housing. Has the student shared those restrictions with you? (Yes or no)
- 4) Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and living in campus housing? Do you believe those responsibilities might exacerbate the student symptoms in any way?



Certifying Licensed Medical or Mental Health Professional

By signing below, you are verifying that you were solely responsible for completing this form, the information reflects your responses to the questions, you are treating