



Emotional Support Animal Documentation Guidance for Clinicians

The Americans with Disabilities Act (ADA) gives particular status to Service Animals (a dog that performs a task on cue that partially mitigates an impact of the disability). It does not preclude a request for an Emotional Support Animal (ESA) whose presence (passive with no specific cued behavior but verifiably reduces the impact of a disability through its relationship with the owner) as an accommodation to a standing “no pets” policy.

As a clinician, you should be diligent in following your professional training, scope of practice and ethics; not to overthink the legal and policy issues. What I, and other decision makers, need is your professional judgement. Specifically, in your judgement does the individual have a disability*? A diagnosis of a disorder/condition/syndrome in and of itself does not automatically qualify an individual for accommodations under the ADA. Do you believe that the recommended animal serves a role in mitigating the impacts of the disability in ways that go beyond the benefits that the typical individual receives from a pet?

Below is the information I require in my evaluation of an individual’s request for an Emotional Support Animal as an accommodation. Responses must appear on letterhead, and be typed, signed and dated, clearly stating the assessor’s name, title, and professional credentials.

- Describe your professional relationship with the individual on which you are basing the information. Is your principle clinical relationship with the individual for the condition, which the ESA is prescribed? How many sessions have you had with the client? What is the general nature of your relationship (primary care, single session to review the need for an ESA, file review from another treating professional and confirming interview; crises intervention or trauma aftermath therapy of 1-4 session), limited short term therapy, ongoing/ long term treatment...)?
- Confirm that the individual has a mental health diagnosis that you feel rises to the level of disability*.
- Explain how the animal helps alleviate the impact of the condition. Is it the long term relationship that has a broad and diffuse impact that reduces the overall level of symptoms? Is it interactions in moments of high stress? (please give examples)
- Are there specific negative impacts of the person's not having the animal with them:
 - In residence/living space?
 - In specific situations or contexts (please describe the situations or contexts)?
 - When separated for short periods of time (please describe the time period e.g. cannot be separated at all, not for more than 3 hours, for more than 8 hours, overnight...)
- If approved, do the care responsibilities to the animal in this context represent challenges that need to be considered or addressed in a particular way?
- Can you validate the specific animal (breed, color, sex, age, and name)?

- Are you aware of or have you recommended any training for the ESA? If so, please describe.
- If the use of an ESA is a new approach or for a fluid condition, provide a date at which the effectiveness or ongoing need should be confirmed.

*The legal definition of disability is a mental or physical condition that substantially limits a major life activity compared to most people. Substantial in this context is somewhat subjective but means a notable, significant, meaningful limit/difference to the manner in which the individual engages in the activity, the conditions necessary for them to engage in the activity, the duration for which they can engage in the activity or the frequency which they engage in the activity. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working and the proper functioning of major bodily systems.

Provider Contact Information:

Name: _____

Address: _____

Telephone: _____

FAX and/or Email address: _____

Professional Signature: _____

License #: _____

Date: _____

Please return to:

Accessibility Services

Southwest Minnesota State University

1501 State Street, IL 220

Marshall, MN 56258

accessibilityservices@smsu.edu

FAX: 507-537-6216 (ATTENTION: Vickie Abel)