Emotional Support Animal (ESA) Request Forms

Return to:

Sara Vogel
Student Accessibility Coordinator
sara.vogel@alverno.edu or studentaccessibility@alverno.edu
Fax: 414-392-7705

Checklist for ESA Accommodation Request

All of the following must be completed to have your ESA approved.

- ☐ I have a documented disability on file with the Student Accessibility Office.
- ☐ I submitted a request to my current mental health care professional for documentation showing that the animal I requested is therapeutically necessary to accommodate my disability.
- ☐ I provided an emergency care plan and contact for the animal.
- ☐ I filled out the forms completely and returned them to the Student Accessibility Coordinator.
- ☐ If applicable, I have provided my ESA's vet vaccination records to the Student Accessibility Coordinator.

ESA Registration Form

Date: _____

Student Information

Student Full Name: _____

Email: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Animal Information

Animal Name: _____ Color: _____

Type: _____ Weight: _____

Breed: _____ Age: _____

Emotional or Therapeutic Process: _____

Is the student requesting the accommodation the owner of the animal? ◯Yes ◯No

If you answered no to the previous question, please fill out the Animal Owner section below. If you answered yes, please skip to the Emergency Contact for Animal Care section.

Animal Owner (if different than student)

Owner's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Relationship to Student: _____ Phone: _____

Emergency Contact for Animal Care

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Relationship to Student: _____

Special Instructions: _____

ESA Care Plan

Please complete the following care plan for your Emotional Support Animal (ESA). This plan helps us understand how you'll care for your ESA while living on campus and ensures a healthy environment for everyone.

Student Name: _____

ESA Name: _____

ESA Type: _____

Is your ESA potty trained? ◯ Yes ◯ No

If no, what is your plan to get them potty trained?

What is your regular cleaning schedule for your ESA (e.g., litterbox, cage, bath, waste disposal)?

What is your plan for bathing your ESA?

What is your daily schedule for the general care of your ESA?

What is your plan for your ESA during school breaks or if you go on vacation?

By signing below, you agree that this is your care plan for your ESA. You will be held responsible for following this plan.

Student Signature: _____

Date: _____

ESA Student Statement

Check next to each statement to acknowledge. If a statement does not apply to your animal, mark N/A and explain briefly.

As the applicant for an emotional support animal, I have read and accept the guidelines and and make the following statements:

- ☐ I have provided documentation from a licensed veterinarian indicating that my animal is up to date on all vaccinations. N/A _____
- ☐ My animal is licensed and wears a valid vaccination tag at all times. N/A _____
- ☐ My animal is house broken, well-groomed, odor free, and not infected with parasites (e.g., ticks or fleas). N/A _____
- ☐ I understand that my animal must be on a leash while on campus and additionally must be controlled by verbal commands. N/A _____
- ☐ I understand the animal must not be kept secluded in a residence hall for long periods of time without a bathroom break. N/A _____
- ☐ I understand that my animal must be registered with the appropriate campus offices (Student Accessibility and Residence Life).
- ☐ With the exception of outdoor exercise and toileting, I understand that the animal will be contained in my contracted student residence (as my living space), which does not include my residence hall common areas; it is also not allowed to visit people in other rooms and halls nor other campus buildings. N/A _____
- ☐ I understand that I am responsible for the animal and will not leave it in the care of another person while on campus.
- ☐ I understand that I am responsible for the sanitary disposal of my animal's waste while on campus.
- ☐ I understand that I am liable and responsible for my animal's behavior and activities while on campus, including property damage and injuries to others, and I am personally responsible for any costs incurred.
- ☐ I understand that I must work with the College to resolve complaints from Alverno community members, including hall mates, who may have concerns about animal allergies, fears related to animals, or my care or control of my animal.

- ☐ I understand that the animal must leave with me when the residence halls are closed for regular breaks and when I leave for the weekend.
- ☐ I understand that I must follow all procedures and requirements as outlined in the Emotional Support Animal Policy.
- ☐ I understand that if the animal injures someone, I am responsible, and Alverno College is in no way liable.
- ☐ I understand that I am responsible for complying with all state and local laws regarding the humane treatment and care of animals.
- ☐ I understand that Alverno College reserves the right to revisit this accommodation every semester and in the event that the animal becomes a nuisance and/or I do not follow the terms of the accommodation.

Student Signature: _____ Date: _____

Print Student Name: _____

Animal Name:_____ Type: _____

Approval Signatures

By signing this form, I approve of the Emotional Support Animal request by:

Student Name: _____

Campus Residence: _____

Roommate 1 Signature: _____ Date: _____

Roommate 2 Signature: _____ Date: _____

Roommate 3 Signature: _____ Date: _____

Residence Hall Coordinator Signature: _____

Date: _____

Student Accessibility Coordinator Signature: _____

Date: _____

Thank you for completing the application. We appreciate your cooperation. Completion of these documents does not grant your accommodation, it simply gives Alverno College the information to review this case and determine the best possible accommodations. The Student Accessibility Coordinator will contact you with the information of your accommodations as soon as possible.