

# Waino Wahtera Center for Student Success

## Student Disability Services (page 1 of 6)

### Emotional Support Animal (ESA) in On-Campus Housing Request Form

Students Name:

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M Number:

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MTU Email:

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#### Michigan Technological University Emotional Support Animal (ESA) in On-Campus Housing Policy

Student Disability Services will work with students requesting an emotional support animal (ESA) in their on-campus housing assignment as part of the student's ongoing treatment/care plan. Approval for an ESA requires documentation from a licensed healthcare professional who has an established relationship with the student, acknowledging an ESA as part of the student's treatment/care plan. **An ESA is not a pet. Students will typically only be approved for a single animal as an ESA.**

Students approved for an ESA need to adhere to the Memo of Expectations for an ESA. If a student is found to be in violation of these expectations, Residence Education, Residential Living, Student Disability Services, and the Office of Academic and Community Conduct will follow the procedure outlined in the memo, which may result in the withdrawal of the approval of an ESA.

**PART ONE: To be completed by a licensed healthcare professional with an established relationship with the student.**

#### Professional Credentials

Full Name & Title:

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License Type & Number:

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State/Province of Licensure:

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Professional Body/Board:

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Contact Information (Phone/Email):

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# Waino Wahtera Center for Student Success

## Student Disability Services (page 2 of 6)

### Emotional Support Animal (ESA) in On-Campus Housing Request Form

**PART ONE CONT.** To be completed by a licensed healthcare professional with an established relationship with the student.

#### Clinical Relationship Details

I have provided an in-person or interactive telehealth evaluation of this patient.

I am currently a provider for this patient's ongoing healthcare/mental health needs.

Initial Date of Service: \_\_\_\_\_

Most Recent Date of Service: \_\_\_\_\_

#### Professional Attestation

I confirm that I have an established professional relationship with this student as defined by a signed informed consent and an active clinical treatment plan.

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

As the licensed healthcare professional, do you agree that the student would benefit from having an Emotional Support Animal (ESA) with them in their on-campus housing? Please sign next to the option you endorse.

Yes :
No :
Yes, with reservations :

If you selected yes, with reservations please indicate those here:

# Waino Wahtera Center for Student Success

## Student Disability Services (page 3 of 6)

### Emotional Support Animal (ESA) in On-Campus Housing Request Form

**PART ONE CONT.** To be completed by a licensed healthcare professional with an established relationship with the student.

**Please describe how the ESA is part of the student’s treatment/care plan.**

Information to include: how an ESA assists a student in their ability to live in on-campus housing,

Additional Information:

Have you reviewed the policy and procedures with the individual?	Yes	No
Have you discussed with the individual the challenges of living in dormitory housing with the ESA?	Yes	No
Do you believe the individual is able to provide all care needs for the ESA without support?	Yes	No
Have you and the individual discussed how they will cope if their ESA becomes disruptive/destructive and is evicted from housing?	Yes	No
Have you assisted the individual in working out a care plan for the ESA if the individual should have to leave campus, be hospitalized etc. (The ESA cannot remain on campus even in the temporary absence of their person.)	Yes	No

# Waino Wahtera Center for Student Success

## Student Disability Services (page 4 of 6)

### Emotional Support Animal (ESA) in On-Campus Housing Request Form

**PART TWO: To be completed by a licensed veterinarian**

#### Description of ESA

Animal Name:	Species:
Gender:	Color:
Approximate Weight:	Approximate Age:

#### Vaccination Status:

- Rabies (Expiration Date: \_\_\_\_\_)
- Species Specific Vaccinations are Up to Date

#### Health & Hygiene:

- The animal is currently on flea/tick/parasite prevention.
- The animal is spayed/neutered.
- To the best of my knowledge, the animal is in good health and fit for communal living.

#### Behavioral History:

- To the best of my knowledge, this animal has no documented history of aggression or biting.

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

# Waino Wahtera Center for Student Success

## Student Disability Services (page 5 of 6)

### Emotional Support Animal (ESA) in On-Campus Housing Request Form

**PART THREE: To be completed by the student requesting an ESA and their identified responsible parties.**

ESAs cannot remain in the residence hall while the owner is away overnight or for an extended period of time. In the event of an unplanned absence/emergency, the student is responsible for identifying someone who **does not** reside in a residence hall to remove the ESA and take it to an off campus location.

Person responsible for removing ESA:

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I acknowledge that I have been named as the responsible party for removing the ESA and agree to this responsibility of removing the animal from the residence hall within 24 hours of student's inability to return to their room:

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

Where will the ESA be housed if the student is injured, hospitalized, or otherwise unable to return to their room for an extended period of time:

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Students can name an additional person who is responsible for the ESA for **ONLY** the first 24 hrs that the student is unable to return to their room for an extended period of time. This may include a roommate or other approved student. Name of additional person and location where the ESA will be housed:

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

I acknowledge that I have been named as a responsible party for removing the ESA and agree to this responsibility of caring for the animal within 24 hours of student's inability to return to their room:

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

Students may also identify a kennel/boarder where the animal can stay if they are unable to return to their room for an extended period of time. Students must have approval from the kennel/boarder to list them on this form. Name and contact information for kennel/boarder:

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Name of person taking the animal to the kennel/boarder:

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## Student Disability Services (page 6 of 6)

### Emotional Support Animal (ESA) in On-Campus Housing Request Form

As the student applying for an ESA approval, I acknowledge that I have reviewed and understand the Emotional Support Animal Policy & Procedures and the Memo of Expectations.

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

**This completed form should be returned to Student Disability Services, Michigan Technological University.**

**Fax:** 906-487-3530

**Email:** sds@mtu.edu

**Mail:** 130 Admin, 1400 Townsend Drive, Houghton, MI 49931-1295

**PART FOUR: To be completed by a staff member in Student Disability Services once form is received.**

Date form received:

Staff member reviewing form:

Documentation attached:

Documentation complete:

Follow up needed:

Date follow up communication sent to student: