EMOTIONAL SUPPORT ANIMAL - DOCUMENTATION

Name: ___________________________________________________  SBUID #: __________________

Stony Brook University complies with federal and state disability laws that prohibit discrimination and
ensure equal access for qualified persons with disabilities to educational programs, services, housing and
activities. The above-named individual has indicated that you are the (physician, psychiatrist, social
worker, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the
residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the
individual’s disability. So that we may better evaluate the request for this accommodation, please answer
the following questions:

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A person with a disability is defined as someone who has “a physical or mental impairment that
substantially limits one or more major life activities.” Under this definition, an impairment is a disability
if it substantially limits the ability of the person to perform a major life activity as compared to the
average person in the general population. The definition also takes into account any mitigating
measures, such as medication or other treatment or therapies, the person is employing that may relieve
the substantial limitation caused by the impairment. If the mitigating measure(s) eliminates the
substantial limitations caused by the impairment, the person does not have a disability.

1. Does the individual have a disability under this definition?  _____ Yes  _____ No
2. Diagnosis for which the ESA is recommended ___________  Medications if any:___________
3. Date of diagnosis:___________  Severity:  Mild  Moderate  Severe
4. What are the individual’s Symptoms/ Functional Limitations?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
5. Please identify if the individual is using any measure (e.g., prescriptions, treatment, therapy, etc.)
that mitigates the limitations caused by their impairment and, if so, if the mitigating measure(s)
eliminates the substantial limitations.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

6. Please explain how the accommodation is necessary for the individual to use and enjoy
University housing as compared to a person without a disability.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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7. Please identify any other accommodation that may be equally effective in allowing the individual to use and enjoy University housing.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

8. How long have you been working with the individual regarding this diagnosis?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9. Please describe the specific symptoms and the manner in which they are reduced by having the ESA. (Please be as specific as possible)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

10. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the individual’s symptoms in any way? (If you have not had this conversation, we will discuss with the individual at a later date.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Proposed ESA:**

Name: ____________ Type and breed of animal: ________________ Age of animal: ____________

On Campus Address: ________________________________________________________

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. Please provide contact information, sign and date this questionnaire (below)

Contact information:
Address:
Telephone:
FAX and/or Email address:
License #:
Professional Signature: ____________________________ Date: _________________
Please Return Completed Form to:

Student Accessibility Support Center, Stony Brook University, Stony Brook Union Suite 107, Stony Brook, NY 11794

Email: sasc@stonybrook.edu    Phone: 631-632-6748    Fax: 631-632-6747