University of Idaho
Center for Disability Access and Resources

Emotional Support Animal (ESA) Accommodation Request for Housing and Residence Life

NOTE: ESAs may not be brought into University housing until official approval has been granted by Center for Disability Access and Resources (CDAR) as a reasonable accommodation. If the accommodation is approved, students must then complete the Housing approval process and submit all required forms and documentation before the animal may reside in University housing. Information regarding Housing Assistance Animal Policies and Requirements.

Definition of an Emotional Support Animal (ESA)

An emotional support animal (ESA) is an animal whose presence helps mitigate the effects of a disability. Unlike service animals, which are individually trained to perform specific tasks related to a person's disability, ESAs provide therapeutic benefit through their presence and companionship. ESAs are not considered pets.

While dogs and cats are the most common types of ESAs, requests for other domesticated animals may be considered on a case-by-case basis. Generally, only one animal will be approved as an ESA. Requests for additional animals must demonstrate a separate disability-related need for each animal.

An approved ESA is permitted only within the student's assigned University housing and is generally not allowed in other campus locations, including dining facilities, libraries, academic buildings, athletic facilities, classrooms, laboratories, and student support centers. Requests to bring an ESA into other areas of campus must be reviewed separately through CDAR.

An emotional support animal registration of any kind, including but not limited to an identification card, patch, certificate, or similar registration obtained electronically or in person, is not, by itself, sufficient information to reliably establish that an individual has a disability-related need for an emotional support animal.

Revised 6/26/26

Section 1 – Must be completed for all residents requesting an ESA Accommodation

Student's Name: _____ Student's V# _____

Students Date of Birth: _____

Student's Email: _____ Student's Contact Phone #: _____

Type of ESA Requested_____

Name of Animal: _____ Age of Animal: _____

Will the ESA be contained and if so, how (crate, cage, etc.)?

_____

STUDENT (please sign this form before providing it to your mental health provider to complete)

By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with personnel from Center for Disability Access and Resources for the next 60 days.

_____ _____

Signature Date

Section 2 – To be completed by the resident's healthcare professional

(The health care provider need not use this specific form, but all the information requested here is necessary for the institution to have in order to consider the request for an ESA; the form is provided as a convenience.)

Instructions:

The following individual is requesting an accommodation for an emotional support animal (ESA) in university housing.

Name: **DOB:**

The named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in university housing will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. Generally, we prefer documentation from providers from the student's home state who have personal knowledge of the student, consistent with their professional obligations.

Documentation of disability should come from a source with an ongoing therapeutic relationship with the student. A therapeutic relationship entails services provided by a health care provider in good faith and with actual knowledge of an individual's disability and disability-related need for an ESA. It does not include documentation that purports to confirm the need for an ESA without conducting a meaningful assessment.

So that we may better evaluate the request for this accommodation, please answer the questions on pages 4-7.

Questions for Healthcare Provider:

1. What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)

2. When did you first meet with the student regarding this mental health diagnosis?

3. What is the nature of your meetings (i.e., face-to-face meetings or virtual interaction)?

4. When did you last interact with the student regarding this mental health diagnosis?

5. How often have you seen the student (or plan to see the student) for further counseling/treatment?

6. What specific symptoms is this student experiencing, and how will those symptoms be mitigated by the presence of the ESA? General assessments are typically insufficient. For example, a statement that "The animal alleviates anxiety" is too general and does not explain HOW the animal may alleviate the symptoms of this student's disability.

Information About the Proposed ESA

Note: there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.

1. Type of animal – if known: _____

2. Dogs and cats are most often requested as ESAs, and seem best suited to adapting to the communal living setting of the college residence hall. If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice.

3. Is the animal named by the student one that you specifically recommended as 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?

4. Is there evidence that an ESA has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student now?

5. This student was provided a link within this document with information about the rules and restrictions surrounding the presence of an animal in university housing. Has the student shared those restrictions with you?
Yes☐ No ☐

6. 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 student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

7. Please address the likely impact on the student should the following scenario occur: once the student is living with the animal in the student housing unit, the animal is permanently removed from the unit because of a violation of policy (e.g. the animal injures someone or destroys property) and balance this impact, if any, against the benefit that you expect the animal to provide to the student.

8. Any additional information that you feel may be helpful to share?

Contact Information

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form on page 1 indicating written permission to share additional information with us in support of the request.

We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Please provide contact information, sign and date this questionnaire (below), and return it by email to cdar@uidaho.edu, by fax to 208-885-9404, or to the patient/applicant.

Name of Organization/Employer:

Business Address:

Telephone:

Email address:

Healthcare Provider Name (Please print)

Professional Signature: _____

Type of License: _____ License #: _____

Date: _____