

Application for Emotional Support Animal

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| Student Name: | EMU ID # |
| Home | Birthdate: |
| Address | Animal: |
| Medical provider: | |
| Address: | |
| Signature: | |

***To the Medical Provider:***

The following information is needed to assist the EMU Residence Life in appropriately processing a request for a therapy/emotional support animal as a necessary medical accommodation under the Fair Housing Act, 42 U.S.C. § 3604(f)(3)(B).

Does this patient have a diagnosed disability?

(a physical or mental impairment that substantially limits one or more major life activities)

YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO

Is there a connection between this diagnosis and the use of an emotional support animal?

YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO

Will the patient be unable to use and enjoy their residence hall room,

or to participate in services or programs if the animal is not allowed?

YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO

***Please write a letter on your professional letter head and attach this form as the cover sheet. In your letter please cover the following necessary points:***

1. Your diagnosis of the student’s disability (including a DSM code if appropriate).

2. Your opinion that the condition qualifies as a disability under federal law, including the major life activity which is substantially limited by the disability.

3. Your opinion that the therapy/emotional support animal has been prescribed for treatment purposes and is necessary to help alleviate symptoms associated with the student’s condition.

4. Your description of the support(s) that the animal will provide.

5. Any additional information EMU may need to understand this request.

Please send completed form and letter to: EMU Housing Office

Eastern Mennonite University

1200 Park Rd

Harrisonburg VA 22802

housing@emu.edu