

EMOTIONAL SUPPORT ANIMAL (ESA) QUESTIONNAIRE

Student Name:					
Date:					
Student ID# :					
Residence Hall:					
Room#:					
Support animal's name:					
Type of animal:					
Date you acquired your support animal:					
Description of the animal: (weight, breed, color, sex, age, etc.)					
Is the animal housebroken?					
Crate-trained?					
Which local veterinarian/pet hospital do you plan to use?					
Is your animal suited for a college housing environment?					





Please describe how you would handle your animal in the following situations:

•	Being left alone in v	your room while v	vou are in class	or attending activities
-	Denis lent alone in	Voar room vvrinc	you are in class	or accertains activities

- Barking, whining, scratching or property damage
- Visits from unfamiliar students, staff or guests to your room
- Noises (such as, fire alarms, loud music, doors opening and closing or slamming, other unexpected disturbances)
- Feeding, water and elimination handling for your animal
- Plans for your animal during school holidays and breaks, or when away for more than 8 hours

