



REQUEST FOR EMOTIONAL SUPPORT ANIMAL

Psychological Disability Documentation

(To be completed by a qualified medical doctor, psychiatrist, counselor, social worker)

****Please type or print neatly/ use a separate sheet if needed****

Student Name (First, MI, Last) _____

DSM-V: _____

When was the diagnosis made? _____ Last date of contact with student: _____

Is this student in ongoing therapy? ____ Yes ____ No

Level of severity (if applicable) ____ Mild ____ Moderate ____ Severe

Please describe how the condition impacts the student's ability to access or enjoy the residence halls at Carroll University:

Please describe the animal that you prescribe for the student:

Please describe how the animal alleviates the symptoms of the medical condition:

Are there any other possible accommodations besides an emotional support animal that would meet the student's needs (if this emotional support animal is not granted) Yes No

If yes, please describe other possible accommodations: _____

Professional's Signature: _____ License #: _____

Print or type name and title: _____

Address: _____

Phone: _____

Date: _____

Direct questions to, or simply submit this form via fax, e-mail or mail to:

Martha Bledsoe, Director Services of Students with Disabilities
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