

Disability Resource Center

Location: 3801 W. Temple Ave.
Pomona, CA 91768
Building 9, Room 103



Emotional Support Animal Request Form

Student Information

To be completed by student prior to sending to Health Care Provider.

Student's First and Last Name: _____

Student ID: _____ **Student's CPP Email:** _____

Student's Phone Number: _____

Proposed Emotional Support Animal Species: _____

Qualified Health Care Provider Section

The above-named student has indicated that you are the health care provider who has suggested that having an ESA in the residence hall will have a 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 in the State of California or the student's home state who have personal knowledge of the student, consistent with their professional obligations.

Statement of Attending Health Care Provider

The purpose of this form is to complete a formal emotional support animal (ESA) accommodation request for students attending and living at Cal Poly Pomona. ESA's may not be brought to any residence hall until official approval has been given from the Disability Resource Center. Please submit all the necessary information to allow the office to fully consider your request. This form must be completed in its entirety by a qualified provider. For any questions, please contact the Disability Resource Center by emailing drc@cpp.edu or calling 909-869-3333.

PLEASE NOTE:

Effective Jan. 1, 2022, the State of California [A.B 468](#) requires that documentation be provided by a qualified provider who has established a relationship with the client for at least 30 days prior to submitting documentation regarding the need for an Emotional Support Animal.

Los Angeles County Code §10.20.350 requires all residents of unincorporated areas in Los Angeles County to have their dogs and cats older than four months of age spayed or neutered.

Provider Contact Information:

Clinician's First and Last Name: _____

Title: _____ Professional License Type: _____

License or Certification Number: _____

Address (including city and state): _____

Telephone: _____ Email: _____

Clinician's Signature: _____ Date: _____

Student's Information:

- 1) When did you first meet the student regarding their mental health diagnosis? Please indicate month/date/year. In what setting (face to face, phone, virtual connection, internet questionnaire, or email)?

- 2) Please indicate the diagnosis and list major symptoms of the disability currently manifested by the student, including level of severity (mild, moderate, or severe). List the assessment or evaluation procedures used to make this diagnosis.

- 3) Does the student require ongoing treatment? Please explain in detail.

- 4) What are the barriers the student experiences related to living and learning at Cal Poly Pomona?

- 5) What was the last date you saw the student as part of ongoing treatment? Please indicate month/date/year.

Proposed Emotional Support Animal Information:

- 1) In your opinion, how important is it for the student's well-being that an ESA be in the residence with them on campus?
- 2) What is the name, age, animal species/breed, and weight of the emotional support animal?
- 3) Is the animal named here one that you specifically prescribed as part of the ongoing treatment for the student or is it a pet?
- 4) What specific symptoms will be reduced by having the ESA?
- 5) What is the evidence that this ESA has helped the student in the past or currently?

- 6) Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities?

- 7) Are there any other accommodations you would recommend that would help the student in an educational setting?

- 8) Please provide any additional information you would like to share with the Disability Resource Center.

- 9) Please include a formal business card/professional stamp with this request form.

Please return completed form to the student who will submit it to the Disability Resource Center.