



AUGUSTA UNIVERSITY

Testing and Disability Services

Phone: (706)737-1469 | Fax: (706)729-2298 | E-Mail: tds@augusta.edu

Assistive Animal Documentation Criteria

To be completed by student:

Student's Name: _____ DOB: _____

ESA's Name: _____

Breed of animal: _____ Age of animal: _____

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

To be completed by a licensed professional:

Provider Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

So that we may better evaluate the request for this accommodation, please answer the following questions:

Information about the Student's Disability:

The legal definition of disability is a mental or physical condition that substantially limits a major life activity compared to most people. A substantial limitation is defined as a notable, significant, meaningful limit/difference to the manner in which the individual engages in the activity, the conditions necessary for them to engage in the activity, the manner in which they can engage in the activity, or the frequency with which they engage in the activity.

Does the student have a physical or mental impairment?

What are the student's functional limitations that substantially limit a major life activity or major bodily function?

When did you first meet with the student regarding this physical or mental health diagnosis? _____

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

Did you specifically prescribe this animal as part of treatment for the student, or is it an animal that you believe will have a beneficial effect for the student while in residence on campus?

What specific symptoms will be reduced by having an assistive animal and how will those symptoms be mitigated by the presence of the assistive animal?

Importance of Assistive Animal (Emotional Support Animal) to Student's Well-Being:

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?

Information about the Proposed Assistive Animal (Emotional Support Animal):

Please note: Restrictions on the breed of animal that can be approved for the residence hall. It is possible the student may be approved for an assistive animal, based on the information you provide here, but may not be allowed to bring the specific animal named.

If the animal being requested is anything other than a dog, cat, bird, rabbit, hamster, gerbil, fish, turtle, or other type of domesticated animal, you must address any unique circumstances justifying the student's need for this specific animal(s) (if already owned or identified by the individual) or particular breed of animal.

What are the unique circumstances justifying the student's need for this specific animal or breed of animal?

What are you aware of this breed of animal, or specific breed of animal, which justifies your recommendation for this breed of animal?

Please provide contact information, sign, and date this questionnaire (below), and return it to Augusta University's Testing and Disability Services.

Mailing Address:
Attn: AU TDS
1120 15th Street
Augusta, Georgia 30912

Fax: 706-729-2298
Email: tds@augusta.edu

Provider's Signature: _____

Type of License: _____ License #: _____

Date: _____

2023