



**Muhlenberg College Office of Disability Services
Emotional Support Animal in Residential Housing Request
Treating Professional Form**

Student Name: _____

Dear Treating Professional,

Please provide the following information regarding the above-named student's request for an Emotional Support Animal in residential housing at Muhlenberg College. The student has been informed and agrees that the Emotional Support Animal request process requires the Treatment Professional to document the medical necessity of the accommodation. This request for documentation is in compliance with the Fair Housing Act. It is understood that the Treating Professional practices in the speciality specific to the mental health condition presented, and is not in a dual relationship with the student.

Please forward this form and any other supporting documentation to:

Office of Disability Services
Muhlenberg College
2400 Chew Street
Allentown, PA 18104
Phone: 484-664-3825 Fax: 484-664-3697

Please complete the following questionnaire. Thank you.

1. Please provide the following information regarding the student's diagnosed condition that rises to the level of a disability:
 - a. What is the student's current mental health diagnosis/diagnoses?

 - b. What are the substantial limitations of the diagnosed condition that impact residential living?

 - c. How long have you been treating the student for this mental health condition?

2. Have you specifically prescribed the proposed Emotional Support Animal as part of the student's treatment plan?

Yes **No**

If yes:

a. Has the student used an Emotional Support Animal as an effective therapeutic tool in the past?

b. What is the specific therapeutic impact you anticipate from the student having the Emotional Support Animal in campus housing?

c. Will you and the student set therapeutic goals related to the student's use of the Emotional Support Animal?

Yes **No**

If no:

Why are you recommending that the student have the proposed Emotional Support Animal in campus housing?

3. Have you and the student discussed the responsibilities associated with properly caring for this particular Emotional Support Animal while engaged in typical college activities and residing in campus housing?

Yes **No**

4. Do you believe the care and responsibility of the proposed Emotional Support Animal might exacerbate the student's symptoms in any way?

If there is other clinical information that you believe is necessary for considering the student's request, please attach a letter with this information on your professional letterhead.

Professional Name: _____ **Phone Number:** _____

Professional Signature: _____ **Date:** _____

Professional License Number: _____ **Email:** _____