

### DEFINITION:

An Emotional Support Animal (ESA) is an animal that provides a therapeutic benefit to its owner through companionship. The ESA provides emotional support and comfort to individuals with disabilities and impairments. An ESA does not perform work or tasks that would qualify them as Service Animals, as defined by the ADA. Unlike a Service Animal, an ESA is not automatically granted access to places of public accommodation, including areas where residents are normally permitted to go. Emotional Support Animals are not considered pets.

### GENERAL INFORMATION:

An ESA must remain in the student's assigned residential living space at all times, except when being transported outside in an approved manner. ESAs are not permitted in shared residential spaces, such as bathrooms, kitchens, hallways, and/or lounges unless prior approval from roommates has been given. A student may not take an ESA to class, or into any other building on campus. When an ESA is outside a student's assigned residential living space, it must be in an animal carrier, or controlled by a leash or harness.

Each student is responsible for the control, care and supervision of their ESA at all times, as well as for ensuring that the animal does not cause disruption to the routine activities of the College and College Housing, including the students who live there. In the case of an emergency, the College is not responsible for evacuating the animal.

Accommodation requests for an ESA must be reasonable. An ESA should demonstrate a good temperament, reliable and predictable behavior, and be able to live with others in a reasonable manner. The ESA's behavior, noise, odor, and waste may also not exceed reasonable standards for a well-behaved animal.

The approved ESA must have all veterinarian recommended vaccinations to maintain its health and prevent contagious diseases. Proof of vaccination is required before moving the animal into any residential living space. In addition, dogs will need to be licensed in accordance with local ordinances. Dogs and cats must receive monthly preventative flea and tick treatments.

The resident is financially responsible for the actions of the ESA. Any extra cleaning or damages beyond normal wear and tear that result from the ESA's presence will be the student's responsibility.

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Housing Assignment: \_\_\_\_\_

Current Class Year:  SENIOR  JUNIOR  SOPHOMORE  FOUNDATION

STUDENT HEALTHCARE SECTION – completed by healthcare provider

Student Name \_\_\_\_\_

To properly evaluate how Pennsylvania College of Art and Design can best meet the student’s need for **requesting an ESA in College housing**, the College requires specific diagnostic information from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the student’s disability, including the intentional use of an ESA to address specific functional limitations that result from the student’s physical or psychological condition(s). The provider completing this form cannot be a relative or the student. **The provider should completely respond to all questions** and may attach additional related information.

1. Does the student who you have individually examined and treated have a physical or mental impairment that substantially limits one or more major life activities?  NO  YES

2. Identify the disability-related need for an ESA, and explain how the animal alleviates one or more of the identified substantially-limiting major life activities (thereby reducing the identified symptoms or effects of this individual’s existing disability).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What type of animal is being requested? \_\_\_\_\_

HEALTHCARE PROVIDER INFORMATION – completed by healthcare provider

I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that I am not a relative of the student.

Provider Name \_\_\_\_\_ License Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form to:

Pennsylvania College of Art and Design  
Director of Student Life & Housing  
204 North Prince Street  
Lancaster, PA 17603