

## Request for Information: Proposed Emotional Support Animal Information/Records

Student's Name: \_\_\_\_\_

**Proposed ESA (if identified)**

Name of Animal: \_\_\_\_\_

Type of Animal: \_\_\_\_\_ Age of Animal: \_\_\_\_\_

Animal's diet needs: \_\_\_\_\_

Please describe the animal's temperament: \_\_\_\_\_

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

Is the animal housebroken or housetrained (able to consistently control its waste elimination)? Yes/No/Other

No/Other Please explain: \_\_\_\_\_

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

Is the animal crate-trained (able to be consistently confined to a closed crate without barking, whining, or whimpering)? Yes/No/Other

No/Other Please explain: \_\_\_\_\_

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

Has the animal been sterilized (spayed, neutered, or other method of sterilization)?: Yes/No/Other

No/Other Please explain: \_\_\_\_\_  
\_\_\_\_\_

Is the ESA current on shots, including vaccination for rabies if applicable?: Yes/No

Please list vaccinations given and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical History (Please list all vet visits, including most recent visit): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach the Veterinarian’s verification that the animal is in good health, has received all required vaccinations to maintain the animal’s health and prevent contagious disease, and has been sterilized (spayed, neutered, or other method of sterilization). This should include medical records from a veterinarian licensed in Pennsylvania or the student’s home state.**

**This form will not be processed unless such documentation is attached.**