Student Emotional Support Animal Accommodation Questionnaire

STUDENT NAME:      STUDENT ID:

ANIMAL NAME:

1. What type of animal is being requested to serve the purpose of accommodating your disability?

2. What is the age and gender of the animal, and how long have you owned the animal?

3. Do you have proper licensing and vaccination records for your animal (dog or cat)?

Yes No I don’t know

4. Has your animal been spayed/neutered?

Yes No I don’t know

5. Have you observed or been informed of any incidents of aggressive behavior (e.g., biting, growling, etc.) exhibited towards another animal or person?

Yes No

If yes, please describe.

6. Have you observed or have you been informed of any incidents where there has been the destruction of property (e.g., chewing or clawing of furniture or personal belongings, marking or spraying)?

Yes No

If yes, please describe.

7. Have you observed or been informed of any behaviors considered a nuisance or disruptive to your neighbors (e.g., barking)?

Yes No

If yes, please describe.

8. Is this animal housetrained? Yes No

9. How do you plan to care for your animal when you are not in your room?

10. Is your animal crate trained? Yes No

11. Have you observed or been informed that your animal has been destructive or disruptive when left alone in the house/room? Yes No

If yes, please describe.

I certify that I have answered these questions truthfully to the best of my knowledge based on my personal observations and/or from others who know about my animal’s history and behavior.

