

Name of Student: _____

Date: _____

Emotional Support Animal Medical Documentation

For a student to be granted the ability to have an emotional support animal at Briar Cliff University, they must submit this completed form filled out by a licensed health care provider prescribing the need for an emotional support animal.

Do you believe that an emotional support animal is needed for this student to be successful at Briar Cliff University?

Yes

No

Please describe the need for an emotional support animal.

Does the student have a specific diagnosis that would be positively affected by an emotional support animal?

Do you foresee a time when the emotional support animal is no longer needed?

Are there any concerns that you have about the student having an emotional support animal at BCU?

Health Care Provider Signature: _____ Date: _____

Printed Name: _____

Name and Address of Facility: _____

Submit the completed form in the Emotional Support Animal Application.