

## STUDENT SECTION

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Student's Campus Address \_\_\_\_\_

Student's Permanent Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student's Phone \_\_\_\_\_

### ESA Information

Species \_\_\_\_\_

ESA Name \_\_\_\_\_ Gender of ESA: \_\_\_\_\_

Is the ESA spayed or neutered? Yes  No

Is the ESA currently vaccinated and in compliance with the Brevard County licensing requirements? Yes  No

*For more information, visit [brevardsheriff.com/home/commands-services/operational-services/animal-services/animal-tags-licenses](http://brevardsheriff.com/home/commands-services/operational-services/animal-services/animal-tags-licenses)*

### Veterinarian Contact Information

Veterinarian's Name / Business Name \_\_\_\_\_

Veterinarian's Phone # \_\_\_\_\_

Veterinarian's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Emergency Contact Information

Please provide information for the person who will take responsibility for your ESA should you be unable to care for it due to an emergency. The emergency contact MUST reside OFF CAMPUS and be available to remove the ESA in a TIMELY manner.

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Emergency Contact Street Address \_\_\_\_\_



As the treating provider, has the student had completed treatment?

Yes

Do you recommend continued treatment? Yes

If yes, indicate type/course of treatment recommended (i.e., meds, therapy, etc.):

If yes, please indicate name, address and phone number of the individual and/or agency you are making the referral to.

Name of Provider \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax # \_\_\_\_\_

You may wish to refer to and/or consult with the following on-campus treatment providers:

Student Health Center: 321-674-8050 Student Counseling Center: 321-674-8050

**Information about the ESA**

Is the use of this form specifically prescribed as part of your treatment for the student?

Yes

Have you assessed the interaction between the student and their ESA and believe this ESA will have a beneficial impact on the student?

Yes

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus?

Have you discussed the responsibility for an ESA while engaged in typical college activities and residing in campus housing? Yes

List any other recommendations you may have to assist with the student's academic success:

Signature of Treating Provider \_\_\_\_\_ Date \_\_\_\_\_

For any questions or concerns regarding this form and/or the accommodation process, please contact the Office of Accessibility Resources. Please submit the completed form to:

Rachel Densler, Accessibility Resource Specialist  
Office of Accessibility Resources  
150 W. University Blvd., Melbourne, FL 32901  
Phone: 321-674-8285 | Fax: 321-674-8072 | Email: accessibilityresources@fit.edu