# Assistance Animal Request Intake Form

*This form may be used a supplement to the intake form to gather important information related to a student’s request for an Emotional Support Animal accommodation.*

*- Courtesy of Joseph Kelleher, Assistant Director, Salem State University*

*IHE NAME*

*CONTACT INFO*

*LOGO*

**Student Information**

Date of Request: Student Name: ID#:

# **Documentation specific to Assistance Animal request**

Date of documentation:

Diagnosed physical or mental impairment that substantially limits one or more major life activities:

Described need for the requested accommodation:

Stated relationship between the student’s disability and the need for an assistance animal:

Name and Credentials of provider:

Species of animal stated in documentation: