

Request for Reasonable Accommodation:

Emotional Support Animal (ESA)

Name: _____ Date: _____

Address: _____

Phone number: _____

Your Highleah Occupancy Agreement requires the truth and accuracy of the following information.

1. ESA name and type of animal: _____
2. Does this animal work, perform tasks, provide assistance, and /or provide therapeutic emotional support with respect to the individual's disability?
____ YES ____ NO
3. Please provide information supporting the need for a support/assistance animal from a licensed health care professional-e.g., physician, optometrist, psychiatrist, physician's assistant, nurse practitioner, or nurse. Including:
 - 1) patient's name
 - 2) whether the health care professional has a professional relationship with patient/client involving the provision of health care or disability related services
 - 3) whether the patient has a physical or mental impairment
 - 4) whether impairment(s) substantially limit at least one major life activity or major bodily function
 - 5) type of animal for which the reasonable accommodation is sought

Signature: Owner of ESA