



Accessible Campus Community &
Equitable Student Support (ACCESS)

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a Student Success Center, Room 1203, Campus Box 1611, Edwardsville, Illinois 62026-1611

**UNIQUE EMOTIONAL SUPPORT ANIMAL
SUPPLEMENTAL REQUEST FOR INFORMATION**

Student's Name: _____

800#: _____ ESA Name: _____

Type of animal: _____ Age of animal: _____

Size of animal (height/length): _____ Weight of animal: _____

Additional Information About the Unique ESA (*An Emotional Support Animal (ESA) that is considered "unique" is an animal that falls outside the commonly recognized types of pets traditionally thought of as suitable for ESAs (i.e. cats, dogs, etc.). Considering that your animal has been deemed to provide therapeutic emotional support by a licensed physician, additional questions regarding this particular ESA are necessary to make a final determination about reasonable placement in university housing as a continuation of the interactive process. Please note an updated form may be required for animals not fully grown.*)

Information about the cage/enclosure for the animal:

What is the size/dimensions of the current enclosure?

How much does it weigh?

Will you need new enclosures as it grows, and if so, what would be the maximum size needed?

Does it require additional components for the care of the animal? (i.e. aerators, water pumps, heat lamps, etc.). Please also include the size and wattage necessary for each item:

Is your enclosure impact proof and escape proof?

Yes ☐ No ☐

Do you have exotic pet liability insurance covering potential bites, property damage or unforeseen incidents caused by the animal?

Yes ☐ No ☐

Do you agree/affirm that the cage or enclosure must remain locked at any time the animal is unattended?

Yes ☐ No ☐

Transportation and University Closure Plans:

How will the animal be transported to and from campus?

What are your plans for the animal during university closures or long break periods? (i.e. Winter Break, Spring Break)

ESAs are only allowed to stay in a residence hall for as long as the owner has a disability-related need. Do you agree to notify the university in the event the ESA is no longer needed or in residence?

Yes ☐ No ☐

ESA Feeding and Diet:

What food does the animal eat? (i.e. pellets, fresh fruits and vegetables, insects, fish, live or frozen mice, etc.)

What is your food storage plan for the animal?

Do you agree/affirm that it is your responsibility to care for and feed the animal and not roommates or suitemates?

Yes ☐ No ☐



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Behavioral History and Temperament?

What is the general temperament of the animal, has it ever caused injury to you or another individual?

Has there ever been a history of the animal escaping a cage or enclosure, and how was that addressed?

By signing below, I certify that the above facts are true to the best of my knowledge and belief and I understand that I subject myself to disciplinary action in the event that the above facts are found to be falsified.

Signature

Date