Emotional Support Animal (ESA) Additional Information
Dean of Students
Accessibility Resources & Services
To be completed by student requesting ESA

Date ________________________________

Student Name: _______________________

ID: ________________________________ Pomona Email: ________________________________

Phone: ______________________________

ESA Name: __________________________ Species: ______________________________

Breed: __________________________________ Age of animal: ________________________________

Is the animal licensed (Please circle): YES  NO  N/A

Is the animal vaccination up to date (Please circle): YES  NO  N/A

Is the animal spayed/neutered (Please circle): YES  NO  N/A

Note: If yes to the above questions, please provide supporting documentation for the license/vaccination.

Description of Animal (Include size and weight): _______________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Emergency Contact Information for Your ESA if you are unavailable:

Name: ______________________________

Phone: ______________________________

Please provide a photo of your animal. You may submit a physical photo or email it to Mace Mikaele at mmikaele@pomona.edu.