

# Emotional Support Animal (ESA) Evaluation Intake Form

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_ Clinician Name: \_\_\_\_\_

## 1. Mental Health Background

- Have you been diagnosed with a mental health condition? ☐ Yes ☐ No
- If yes, please specify: \_\_\_\_\_
- Diagnosing professional and date: \_\_\_\_\_
- What mental health symptoms are you currently experiencing?  
- \_\_\_\_\_
- How do these symptoms impact your daily functioning (e.g., work, school, relationships, sleep)?  
- \_\_\_\_\_

## 2. History and Experience with Animals

- Have you owned or spent time with animals before? ☐ Yes ☐ No
- If yes, what kind of animal(s) and how did they affect your mental health?  
- \_\_\_\_\_

## 3. Purpose of ESA

- What role do you believe an ESA would play in your emotional or psychological well-being?  
- \_\_\_\_\_
- How do you expect the ESA to help with your symptoms? Please be specific.  
- \_\_\_\_\_
- Have you noticed a difference in your symptoms when around animals? ☐ Yes ☐ No
- If yes, describe the improvement: \_\_\_\_\_

## 4. Current Treatment and Coping Tools

- Are you currently engaged in any therapy, medication, or other treatment methods? ☐ Yes ☐ No
- Please describe: \_\_\_\_\_
- How would having an ESA support or enhance your current treatment?  
- \_\_\_\_\_

## 5. Living Situation and Responsibility

- Do you have the ability and resources to care for an animal (feeding, walking, vet care, etc.)? ☐

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Yes ☐ No

- Do you live in housing that currently allows pets? ☐ Yes ☐ No

- Are you seeking ESA documentation for housing accommodation? ☐ Yes ☐ No

### 6. Legal Understanding

- Are you aware of the difference between an ESA and a trained service animal? ☐ Yes ☐ No

- Are you requesting an ESA letter for:

- ☐ Housing ☐ Air travel ☐ General emotional support ☐ Other:

\_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician Notes (for internal use):

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