



# McDonald COUNSELING

(321) 541-0252 | Caitlin@McDonaldCounseling.com

## EMOTIONAL SUPPORT ANIMAL (ESA) POLICY

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This document outlines the policies and procedures for McDonald Counseling, LLC to conduct an assessment for an Emotional Support Animal (ESA).

### ESA GUIDELINES

- An emotional support animal is a type of assistance animal that is recognized as a "reasonable accommodation" for a person with a disability, such as depression, anxiety, or PTSD.
- In order to qualify for the benefits and protections afforded by federal laws, you must qualify for an ESA letter from a licensed healthcare provider. A valid ESA letter from a licensed professional is the only way to qualify for an emotional support animal.
- An emotional support animal is an animal (typically a dog or cat though this can include other species) that provides a therapeutic benefit to its owner through companionship.
- **The animal is not specifically trained to perform tasks for a person who suffers from emotional disabilities. Unlike a service animal, an emotional support animal is not granted access to places of public accommodation.**
- These animals do not need specialized training nor do we assess the animal's current training.
- ESA's are only allowed to be used in housing accommodations and specific airlines, and it is recommended that a letter is renewed at least once a year.
- The owner is solely responsible for the animal's care and behaviors, and understanding the rights and laws about ESA.
- There is no official certification or registration process for an ESA.

### ESA LETTER

- Is written by a licensed mental health professional (LMHP).
- States that you suffer from a mental or emotional disability (such as severe anxiety, depression, or phobia) and that the ESA is necessary to alleviate symptoms of your disability.
- Must be written on the therapist's letterhead and be signed and dated.
- Must include the LMHP's license and contact information so the housing provider or airline can verify the letter.
- Is provided after a minimum of two (2) sessions in order to conduct a thorough assessment of the individual's disability, severity of symptoms, and current coping skills.

I have read and understand the information contained on this form and voluntarily agree to participate in an assessment and/or consent to the participation of my child in an assessment for an ESA.

**Printed Name (first and last)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guardian Signature (if assessment is for a minor)** \_\_\_\_\_ **Date** \_\_\_\_\_

