

Emotional Support Animal (ESA) Questionnaire

Demographics

1. Name: _____
 2. Date of Birth: _____
 3. Do you reside within the state of Texas? (Yes/No): _____
 4. Address: _____
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5. Phone Number: _____
 6. Email Address: _____
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Mental Health History

1. What is your mental health diagnosis? How was the diagnosis obtained?

2. How long have you been experiencing symptoms?

3. What treatment or therapies are you currently receiving?

4. Do you experience specific triggers or episodes that affect your daily functioning?

Emotional Support Needs

1. What benefits do you think an emotional support animal would provide?

2. Do you currently have a pet or experience comfort around animals?

3. Has your potential ESA ever shown signs/actions of aggression towards people or other animals? If Yes, please explain.

4. Has your potential ESA ever damaged property? If Yes, please explain.

5. Does your potential ESA make excessive noise that may be disruptive to others around you? If Yes, please explain.

6. How do your symptoms improve when you are around animals?

Daily Life and Functionality

1. How does your condition affect your daily activities or ability to work?

2. Are there specific situations where you feel an ESA would help the most?

3. Do you have the time, resources, and ability to care for an animal?

4. Have you explored other forms of support or therapy?

5. Are you aware of the distinction between an ESA and a service animal?

6. Are you seeking an ESA for housing, travel, or general emotional support?
