

_____ Mark if appropriate: I certify that this patient has a physical or mental impairment/disability which meets the definition above.

_____ Mark if appropriate: I certify that this condition substantially limits one of more major life activities, has a record of such impairment or is regarded to have such an impairment.

_____ Mark if appropriate: I have determined that my patient needs an assistive animal based on healthcare considerations because that animal will perform tasks that will mitigate or alleviate the effects of the disability, provide mobility assistance or alert the individual with a disability or improve the health or well-being by mitigating the disabling condition.

OR

_____ Mark if appropriate: I verify that my patient's request for _____

is necessary and that the request is directly related to his/her disability and that it is necessary to afford him/her the opportunity to access housing, maintain housing, or fully use/enjoy housing. (Necessary indicates necessity as opposed to only the matter of convenience or preference). I also recommend that this request be approved.

ADDITIONALLY:

_____ Mark if appropriate: I verify that my patient's request for more than one assistance animal is necessary. My patient needs the following service animals _____.

Please provide an explanation of what different service or tasks performed by each separate animal are and why more than one animal is needed:

I certify that this information is true and correct. Date: _____

Printed Name of Person Filing out this form: _____

Signature: _____

Professional Title: _____

Name of Clinic, Hospital etc. _____

Address: _____ Phone Number: _____

Fax Number: _____ E-mail: _____

Please return this form to:

Landlord: _____

Address: _____

Fax Number: _____

Email Address: _____

(page two of two)