

Service Animal Documentation

Physician's name: _____

Physician's address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

"The ADA defines a service animal as any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability. If they meet this definition, animals are considered service animals under the ADA regardless of whether they have been licensed or certified by a state or local government."

"If you have further questions about service animals or other requirements of the ADA, you may call the U.S. Department of Justice's toll-free ADA Information Line at 800-514-0301 (voice) or 800-514-0383 (TDD)."

<http://www.usdoj.gov/crt/ada/qasrvc.htm> page 1 item 2

Under the above legal definition, _____, an animal belonging to my patient, _____, is/are a service animal/animals.

_____ has a known diagnosis of _____

_____ provides the following service or services:

(name of pet)

(check all that apply)

_____ Assists a vision-impaired person.

_____ Alerts a person with hearing impairment to sounds.

_____ Pulls wheelchairs or carries and picks up things for a person with mobility impairment or impairments.

_____ Assists a person with mobility impairments with balance.

_____ Is a seizure alert animal.

_____ alerts _____ and directs her/him to bed or to the floor when _____ senses a seizure aura.

The aforementioned disorder/disorders limits _____ restricting her/him in employment and activities of daily living to the full extent to which a "normal" person can or may participate.

Microchip number is: _____

Color: _____

Breed: _____

Spayed or neutered: _____

Date of spaying or neutering: _____

Physician Name: _____

(Print please)

Physician Signature: _____

Date: _____

(month/day/year)