Tape a copy of your physician's letter head here and make a photo copy.

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)."

https://www.ada.gov/ Search for Service Animal documents. As of 2011, only dogs can be considered a service animal. https://www.ada.gov/service_animals_2010.htm

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)