

REQUEST FOR COMPANION ANIMAL

1. This form must be completed by your physician, psychiatrist, social worker, or other mental health professional
2. Your physician, psychiatrist, social worker, or other mental health professional must also provide a separate signed statement on their letterhead that a companion animal is necessary in accordance with the Americans with Disabilities Act and the Fair Housing Act.

Is _____ your patient? Y N

He/she has been under your care since _____.

Are you intimately familiar with his/her history and functional limitations imposed by his/her disability? Y N

Does he/she meet the following definition of disability under the Americans with Disabilities Act, the Fair Housing Act, and the Rehabilitation Act of 1973: Y N

- (1) a physical or mental impairment that substantially limits one or more major life activities (such as walking, seeing, working, learning, washing, dressing, etc);
- (2) a record of having such an impairment; or
- (3) being regarded as having such an impairment

What is your recommendation for the type of companion animal and why?

On your letterhead, please explain the type of accommodation requested (i.e. service or companion animal) and the relationship between the requested accommodation and his/her disability. **Note:** The applicant/tenant need not disclose the details of the disability, nor provide a detailed medical history

Comments:

Signature and Title of physician, psychiatrist, social worker, or other mental health professional

Date