

**REASONABLE ACCOMMODATION REQUEST FORM
ASSISTIVE ANIMAL**

To: _____

Re: Request for Reasonable Accommodation – Assistive Animal

_____ is a client/patient, and has been under my care since _____. I am familiar with his/her history and disability-related functional limitations. She/He meets that definition of disability under fair housing laws (42 U.S.C. 3601 et. seq.).

The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition, a person must have **an impairment that prevents or severely restricts the person from doing activities that are of central importance in most peoples’ daily lives**. The disability must be permanent (or of continual or long duration) to be protected by the Fair Housing Act.

To enhance his/her ability to live independently and to use and enjoy his/her dwelling, I am prescribing a service animal that will assist with the functional limitations relating to his/her disability.

1. Is the resident disabled?

YES NO I DON'T KNOW

2. Please describe in what manner this disability restricts the resident in activities that are of central importance to his/her daily life:

The legal definition of a reasonable accommodation is an exception to the normal rules of the property that is **necessary** for the resident to have an equal opportunity to use and enjoy his/her property. Note, that applying this definition to a request for an animal requires a higher standard than merely stating that a resident would “benefit” from the presence of an animal in his/her property, since presumably most pet owners benefit from the presence of their pets.

3. Is it your opinion that the presence of an animal in this resident’s property is necessary because of his/her disability for this resident to use and enjoy this property?

YES NO I DON'T KNOW

4. Please describe how this animal accommodation will enable the resident to use or enjoy this property.

The service animal that I am prescribing is one (1)

Type: _____ Breed: _____ Height: _____ Weight: _____
Color: _____ Age: _____ for the purpose of assisting with the limitations relating to his/her disability. This information is needed to determine which specific service animal is being requested for a reasonable accommodation. This specific animal directly serves a function related to the applicant's qualified disability.

5. If this property permits its residents to have pets, but requires that they be of a small size and this resident is requesting a larger animal than already permitted, would the benefit to his/her disability be different with a larger animal?

YES NO

Please explain:

6. If necessary, will you be willing to testify in a court of law concerning the information provided on this form?

YES NO

DANGEROUS BREEDS

[] If this box is checked by management, then the next paragraph must be initialed by the health care provider. Initial this box only if the requested animal is a full or partial dangerous breed dog (e.g. Pit Bull, Rottweiler, Doberman, Chow, Wolf hybrid, etc.)

_____ Initials required of health care professional. I hereby certify that I am prescribing an animal that is classified as a dangerous breed and that I am aware that my client/patient may not be able to obtain liability insurance and that your insurance carrier may not provide property insurance if you allow dangerous breeds in accordance with my prescription. While another service animal may service the same purpose, this particular known dangerous breed is the required prescription.

I am available to answer any questions you may have concerning my recommendation that this applicant have a service animal.

Printed Name of Professional Healthcare Provider: _____

Name of Office of Healthcare Provider: _____

State Issued and License Number: _____

Address: _____

Phone: _____

Signature: _____ Dated: _____