



**INFORMATION BEING REQUESTED:**

**Name:** \_\_\_\_\_  
(Patient)

I hereby certify that in my professional opinion \_\_\_\_\_ is in need of a service animal for the following reasons: (Patient)

1) Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) In order to qualify for a service animal the individual must show that they have an illness or condition that limits one or more of their major activities of daily living. The Diagnosis that limits the following major life activities of the patient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) A service animal is necessary to alleviate the problems associated with the illness or conduct of my patient. Please describe how the service animal will assist the patient as a result of the condition described above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attached a separate sheet if more space is required)

These factors make it medically necessary for the patient to have a service animal. This condition is \_\_\_\_ Permanent or \_\_\_\_ Will be re-evaluated annually. (Please check one.)

Upon request I will provide deposition testimony, and/or testify at an administrative or court proceeding.

\_\_\_\_\_  
Name & Title of person supplying information

\_\_\_\_\_  
Firm/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number