



## Service or Companion animal request form

HEALTHCARE PROVIDER: \_\_\_\_\_

HEALTHCARE PROVIDER'S ADDRESS: \_\_\_\_\_

RESIDENT / PATIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELEASE: I hereby authorize the release of the following requested information.

RESIDENT/PATIENT SIGNATURE: \_\_\_\_\_

The resident named above has applied for an apartment or is living in our community. The resident has requested our permission to keep an animal at the apartment.

Our lease prohibits residents from keeping animals of any kind at the community without our prior written consent. However, if an individual with disabilities requests permission to keep an animal we must verify the individual qualifies as disabled and requires the animal in order to have an equal opportunity to use and enjoy the apartment.

We appreciate your cooperation in answering the questions on this form and returning it with the enclosed self-addressed envelope.

**INFORMATION REQUESTED**

1. In your professional opinion, does the resident need to keep an animal at the apartment in order to have the same opportunity that a non-disabled individual has to use and enjoy the apartment?

**Yes or No**

2. Is there any other accommodation other than keeping an animal at the apartment, that would afford the resident the same opportunity that a non-disabled individual has to use and enjoy the apartment?

**Yes or No**

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3. Under federal law, an individual is disabled if she/he has a physical or mental impairment that limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.  
The term physical or mental impairment includes, but is not limited to, such disease and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property of safety because of alcohol use(24 CFR Part 8.3, and HUD Handbook 4350.3 (Exh 2-2)).

Is the resident / patient disabled as defined above?

**Yes or No**

4. Would you be willing to testify in any court action or related proceeding as to the residents need for the animal?

**Yes or No**

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PROVIDER'S SIGNATURE: \_\_\_\_\_

NAME AND TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_