

**MODEL  
FORM**

## **Use Forms to Verify Resident's Need for Assistance Animal**

When someone without an obvious disability wants an exception to your pet policies to keep an assistance animal, you're allowed to ask for documentation. The verification doesn't have to come from a doctor—it may come from a reliable third-party health services provider in a position to know about the individual's disability. Furthermore, it's better to have a policy of getting the document on your own by sending the verification form directly to the third-party verifier and getting it back directly from that person.

Form #1, "Service/Companion/Assistance Animal Information Requirement," is given to the applicant or resident to explain your policy and to get contact information for his or her health services provider. Form #2, "Verification," is sent to the health services provider or other knowledgeable third party to verify the applicant or resident's disability-related need to keep an assistance animal at the community. Ask your attorney to adapt these forms for use at your site.

**FORM #1**

**SERVICE/COMPANION/ASSISTANCE ANIMAL INFORMATION REQUIREMENT**

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

RESIDENT/PROSPECTIVE RESIDENT: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

TEL.#: \_\_\_\_\_ CELL#: \_\_\_\_\_

When a disability is not visible or we do not understand the necessity for a service/companion/assistance animal, it is our policy to send a form to your local or most current (preferably within the past three years) healthcare provider or other knowledgeable party.

Please provide us with the third-party provider's contact information, and we will request the attached information be provided. We will get this process completed as quickly as possible and encourage a prompt response. (If you have a document acquired from the Internet or from another source, we still require the additional information on our form from your healthcare provider.)

HEALTH SERVICE PROVIDER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

TEL.#: \_\_\_\_\_ CELL#: \_\_\_\_\_

SITE MANAGER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**HEALTHCARE PROVIDER/KNOWLEDGEABLE THIRD-PARTY VERIFICATION**

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

**Notice to the Healthcare Provider/Knowledgeable Third Party for:**

RESIDENT/APPLICANT WHO HAS REQUESTED A SERVICE ANIMAL \_\_\_\_\_

This person lives or has applied for an apartment at:

SITE'S NAME \_\_\_\_\_

This person is requesting permission to have a service/companion/assistance animal, specifically the following animal: *(list type, breed, size/weight of the animal)*:

\_\_\_\_\_

**Please fill out and sign below:**

- 1. I assist or have recently assisted in the healthcare of the resident named above.  Yes  No
- 2. This person meets the definition of a person with a disability as described in the Fair Housing Act as amended Sept. 13, 1988.  Yes  No
- 3. Because of such disability, this person needs the above-referenced animal to live with him/her and add to his/her well-being at your apartment community.  Yes  No
- 4. Please give a brief explanation of how this animal may aid or provide support to this person. You may provide your explanation on your letterhead if there's not enough space below. Note that we are **NOT** asking for the nature or severity of the disability. Please do not provide that information to us.

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

- 5. My signature certifies that I have knowledge of and have provided care for this person **AND**, in the event I would be asked to do so, I am willing to testify in a court of law to the above representations.

PROVIDER'S NAME (PRINT) \_\_\_\_\_

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

CREDENTIALS \_\_\_\_\_

CONTACT INFORMATION \_\_\_\_\_

**Please return this form** *(along with any additional information on your letterhead)* **to:**

NAME & ADDRESS \_\_\_\_\_