

Service and Assistance Animal Request Form

Please complete this form to request an accommodation for a service or assistance animal. This form can be filled out digitally and printed for submission.

1. Requestor Information

Full Name:

Address:

Phone Number:

Email Address:

2. Animal Information

Animal Name:

Animal Species (e.g., Dog, Cat):

Breed:

Size and Weight:

3. Request Details

Type of Animal (Service Animal or Emotional Support/Assistance Animal):

Does the animal perform work or tasks directly related to a disability? (Yes/No):

Please describe the work or task the animal has been trained to perform (if applicable):

4. Verification Information (If Applicable)

If the disability-related need for the assistance animal is not obvious, please provide the contact information of the healthcare or professional source verifying the need.

Verifier Name:

Professional Title/Credentials:

Verifier Contact Phone/Email:

5. Acknowledgement and Signature

By signing below, I certify that the information provided on this form is true and accurate to the best of my knowledge.

Printed Name of Requestor:

First and Last Name

Signature (or Type Name to Sign):

Signature

Date:

MM/DD/YYYY