

Medical Certification for Service or Emotional Support Animal

This person has made a request to keep an emotional support animal in a deed restricted community that restricts pets. Persons making such a request under fair housing laws must establish that they are "disabled" within the meaning of those laws and demonstrate that a service or emotional support animal is necessary for the disabled person to have an equal opportunity to use and enjoy his or her property. In order to properly evaluate the request, the association operating the community needs the following information from this person's health care provider.

Patient's Name: _____

Name of physician/practitioner: _____

Address: _____

Telephone number: _____

[The responses to the following inquiries will only be reviewed by the association's board of directors and their management and legal counsel and will not become available for inspection by other residents in the community.]

Please describe the patient's physical or mental disability:

Please indicate the major life activity(s) substantially limited by the patient's disability (e.g. sleeping, eating, socializing, walking, talking, hearing, seeing, etc.):

Please describe how allowing the patient to have his/her _____ as a service or emotional support animal accommodates his/her disability and allows him/her to have an equal opportunity to use and enjoy his/her property, and whether and how this would be jeopardized without allowing the animal and if there are other corrective measures which will permit such use and enjoyment:

Please summarize how long you have been evaluating the patient for the above-described impairment, and, if more than two (2) years, how frequently within the last two (2) years, including the last time the patient consulted with you regarding the need for a service or emotional support animal:

Please provide a summary of your education and/or experience, including specializations or certifications (if any), which qualifies you to make the recommendation for the service or emotional support animal.

My responses to the above referenced questions are truthful and accurate to the best of my knowledge and belief, under penalties of perjury.

Print Name: _____

Date

State of _____)
County of _____)

Subscribed and sworn to before me, the undersigned Notary Public, this _____ day of _____, 20____, by _____, who is personally known to me or who produced _____ as identification.

[Signature of Notary]

[Typed/Printed name of Notary]

NOTARY PUBLIC

My commission expires: _____, 20____.