

**Michigan Department of Civil Rights  
Voluntary Service Animal Identification Request Form  
Part II - Statement of Licensed Healthcare or  
Rehabilitation Professional**



Practitioner's Name \_\_\_\_\_

Practice \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

License or Certification Number \_\_\_\_\_

Applicant's Name \_\_\_\_\_

As a licensed healthcare or rehabilitation professional, I certify:

- The applicant is my patient.
- I have determined that the applicant has a disability for which a service animal is necessary based on healthcare considerations, consistent with the definitions in Michigan law of "disability" and "service animal." A service animal will fulfill one or more of the following functions (check those that apply):
  - Perform tasks that will mitigate the effects of the applicant's disability.
  - Alert or provide the applicant with mobility assistance.
  - Improve the health and well-being of the applicant by mitigating a disabling condition.

My patient has requested and authorized the release of this information to the Michigan Department of Civil Rights.

Practitioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

This document cannot be signed electronically - please affix a signature in black ink.

