

**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 _____

