

Michigan Department of Civil Rights Voluntary Service Animal Identification Application Request Instructions



Before you apply:

Please check your **eligibility** for MDCR's Voluntary Service Animal Identification Program by using **the following criteria**:

1. The applicant listed has a disability for which a service animal is required.
2. The service provided by the animal is **not** emotional support, companionship, therapy for others, and/or crime deterrence.
3. The animal is fully trained, not a service animal-in-training.
4. The animal is housebroken.
5. The animal can be kept under their handler's control at all times.

If you are unsure about your **eligibility** for the program, please call the State ADA Compliance Office at 517-241-1344 or email MDCR-ServiceAnimals@michigan.gov for more information **before applying**.

Those who register and/or represent an unqualified animal as a service animal or service animal in-training are guilty of a misdemeanor, punishable by one or more of the following:

- a. Imprisonment for not more than 90 days.
- b. A fine of not more than \$500.00.
- c. Community service for not more than 30 days.

The application process is as follows:

1. To request the service animal identification card and patch, the applicant must complete and **submit Parts I, II, III and IV**.
2. **Part I is Information about the Applicant and the Service Animal** and is to be completed by the **applicant, parent or guardian of the applicant**.
3. **Part II is the Statement of Licensed Healthcare or Rehabilitation Professional** to be filled out by the healthcare provider and returned to the applicant for submission. This must include the practitioner's original signature.

4. **Part III** is the **Applicant Affidavit** which must be signed by the applicant, parent or guardian of the applicant in the presence of a notary public. This must include the notary's original signature.
5. **Part IV** is the **Applicant Photograph**. The identification card includes a photograph (headshot) of the human applicant, thus, a photograph is required.
6. The applicant must **submit all 4 parts** to:

Michigan Department of Civil Rights
Capital Tower, Suite 900
Attn: Service Animals
110 W. Michigan Avenue
Lansing, MI 48913-0001
7. After the department receives, reviews and approves the request, an identification card and patch will be mailed to the applicant.

If you have other questions, contact the Michigan Department of Civil Rights at 517-241-1344 or email: MDCR-ServiceAnimals@Michigan.gov.



**Michigan Department of Civil Rights
Voluntary Service Animal Identification Application
PART I - Applicant and Service Animal Information**



Applicant's Name: _____

Parent/Guardian Name (if applicable): _____

Address: _____

County/City/State/Zip: _____

Telephone: _____

E-mail: _____

Please answer the following questions:

Is this service animal* required because of disability? Yes No

What work or task** has the animal been individually trained to perform?

*The ADA defines a **service animal** as a **dog or miniature horse** that has been **individually trained** to perform work or a task that is directly related to and mitigates their handler's disability.

The ADA **does not recognize **emotional support, comfort, therapy animals or service animals-in-training**. Please contact the MDCR Service Animal Registry at MDCR-ServiceAnimals@michigan.gov or 517-241-1344 with questions or concerns.

Service Animal Information

Select one: Dog Miniature horse

Name: _____

Breed: _____

Primary color(s): _____

Sex: _____ Age: _____ Shoulder height: _____ Weight: _____

NOTE: Identification cards and patches are **not transferrable** between service animals. Each new or additional service animal requires a new Voluntary Service Animal Identification Request Form. Please report any changes in applicant and/or service animal information to MDCR-ServiceAnimals@michigan.gov or 517-241-1344.



DO NOT WRITE BELOW THIS LINE – MDCR OFFICE ONLY

STATE OF MICHIGAN VOLUNTARY SERVICE ANIMAL REGISTRY

APPLICATION APPROVED:

SIGNATURE

DATE

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



This portion to be completed by your healthcare professional.

Practitioner's Name: _____

Title (i.e., D.O./M.D./P.A.C): _____

Practice: _____

Address: _____

County/City/State/Zip: _____

Telephone: _____

License or Certification Number: _____

Applicant's Name: _____

Please answer the following questions regarding patient's service animal:

Is this service animal* required because of disability? Yes No

What work or task** has the animal been individually trained to perform?

*The ADA defines a **service animal** as a **dog or miniature horse** that has been **individually trained** to perform work or a task that is directly related to and mitigates their handler's disability.

The ADA does **not recognize **emotional support, comfort, therapy animals or service animals-in-training**.

Please check all that apply - As a licensed healthcare or rehabilitation professional, I certify:

- The applicant is my patient.
- The service animal's work or task is **not** emotional support, companionship, and/or crime deterrence.
- The applicant has a disability for which a service animal is necessary based on healthcare considerations, consistent with the State of Michigan and ADA definitions of "disability" and "service animal."
- I understand that penalties for false representation of a service animal may apply.

Practitioner's Signature _____ Date _____

Please contact the MDCR Service Animal Registry at MDCR-ServiceAnimals@Michigan.Gov or 517-241-1344 with questions or concerns.

To be completed by the applicant:

- I authorize the release of this information to the Michigan Department of Civil Rights.

Applicant's Signature _____ Date _____



**Michigan Department of Civil Rights
Voluntary Service Animal Identification Application
PART III - Applicant Affidavit**



By signing this affidavit, I declare I am the owner, parent and/or guardian of the owner of a dog or miniature horse qualified to be a service animal as defined under the Americans with Disabilities Act of 1990 and MCL 37.301 and described in the attached application.

I am aware that falsely representing this animal as a service animal is a misdemeanor under MCL 37.307 as stated below:

Sec. 7. A person who knowingly or willingly submits a false or fraudulent affidavit under Section 3(2)(a) is guilty of a misdemeanor punishable by one or more of the following:

- (a) Imprisonment for not more than 90 days.
- (b) A fine of not more than \$500.00.
- (c) Community service for not more than 30 days.

Applicant's Name (printed) _____

Applicant or Parent/Guardian Signature _____

Date _____

Do not sign until you are before the notary.

Notarization - REQUIRED

Because the Michigan statute calls for an affidavit, notarization is required. If this section is not completed, your application will be returned. Notaries can be found, usually at no charge, at a bank or credit union. County, city and township offices have notaries; a service fee may be charged. Michigan Department of Civil Rights offices provide notary services at no charge. **You must present your government-issued ID to the notary.**

State of _____, _____ County

Subscribed and sworn to or affirmed before me on _____, 20__.

Notary Public

My Commission expires _____



**Michigan Department of Civil Rights
Voluntary Service Animal Identification Application
Part IV – Applicant Photograph Instructions**



The ID card requires a **photograph of the applicant**. The photo **must** be a 2 x 2 inch color headshot taken within the last six months with a **solid or plain background**, and must adhere to the standards used for passport photos; see US Passport Photo Requirements: <https://goo.gl/BzFoCD>.

Photos not meeting these requirements will cause applications to be delayed or returned.

Example photo:



Submit the photograph with the completed application.

