

**Michigan Department of Civil Rights
Voluntary Service Animal Identification Application
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 _____

* The ADA defines a service animal as a guide dog, signal dog, or other animal **individually trained** to provide assistance to a person with a disability. **Emotional support animals, comfort animals, and therapy dogs are not service animals under Title II and Title III of the ADA.** While comfort animals are often used as part of a medical treatment plan, they are not considered service animals under the ADA. **They do not have special training to perform tasks that assist people with disabilities, and are not limited to working with people with disabilities.**

