

# 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 MDCR at 1-800-482-3604 or email [MDCR-ServiceAnimals@michigan.gov](mailto: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 HIPAA Compliant Medical Release Form** 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 1-800-482-3604 or email: [MDCR-ServiceAnimals@Michigan.gov](mailto:MDCR-ServiceAnimals@Michigan.gov).

**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](mailto:MDCR-ServiceAnimals@michigan.gov) or 1-800-482-3604.

**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: \_\_\_\_\_

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 MDCR at [MDCR-ServiceAnimals@michigan.gov](mailto:MDCR-ServiceAnimals@michigan.gov) or 1-800-482-3604 with questions or concerns.

## Service Animal Information

Select one:     Dog     Miniature horse

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Primary color(s): \_\_\_\_\_

Sex: \_\_\_\_\_    Age: \_\_\_\_\_    Shoulder height: \_\_\_\_\_    Weight: \_\_\_\_\_

# Michigan Department of Civil Rights Voluntary Service Animal Identification Application Part II – HIPAA Compliant Medical Release Form

*This portion to be completed by your healthcare professional.*

## HIPAA Compliant Medical Release of Patient Information:

Name of Healthcare Provider: \_\_\_\_\_

**I, Patient/Parent/Guardian (circle appropriate selection) \_\_\_\_\_ (print name), authorize the disclosure of the following information for the purpose of reviewing and evaluating my Voluntary Service Animal Identification application. I request that the record custodian of all HIPAA covered entities for the healthcare provider above disclose the following protected medical information to the Michigan Department of Civil Rights (MDCR):**

- 1) Affirm or deny that the applicant has a [qualifying disability as defined by the ADA](#).<sup>1</sup>
- 2) Affirm or deny that the service animal’s trained work or task(s), as reported in the healthcare provider statement, would relate to and mitigate the applicant’s disability.

**The healthcare provider identified above is authorized to release these records to the following representative of the Michigan Department of Civil Rights (MDCR):**

ADA Compliance Division  
Michigan Department of Civil Rights  
Capital Tower, Suite 800  
110 W. Michigan Avenue  
Lansing, MI 48913-0001

### I understand the following:

- a) I have a right to revoke this authorization in writing at any time, except to the extent information has already been released.
- b) The information released as a result of this authorization may be re-disclosed to other parties for the purpose of assessing or maintaining the application.
- c) My treatment or payment for my treatment cannot be conditioned on signing this authorization.

**A copy of this HIPAA form shall allow me to authorize the release of records requested herein. This authorization shall be in force and effect until two years from the date of execution.**

\_\_\_\_\_  
Signature of Patient, Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient, Parent or Guardian (Please PRINT)

<sup>1</sup> Under the ADA, a “qualifying disability” is a physical or mental impairment that substantially limits one or more major life activities. For a definition of disability, see: §12102 of the Americans with Disabilities Act of 1990, as amended; 42 USC §12102; and 28 CFR §36.105.

## Healthcare or Rehabilitation Professional Information:

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### Healthcare Provider Name:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

NPI # (10-digits): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_  
Name of Hospital/Office/Practice

\_\_\_\_\_  
Street Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Healthcare Provider Statement:

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### I attest to the following statements:

- 1) My patient, \_\_\_\_\_, has a [qualifying disability as defined by the ADA](#).<sup>2</sup>
- 2) The animal's trained work or task(s) listed below would relate to and mitigate my patient's disability:

- 
- 3) I have received a signed copy of MDCR's HIPAA Compliant Medical Release Form from my patient.

\_\_\_\_\_  
Signature of Healthcare or Rehabilitation Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Healthcare or Rehabilitation Professional (Please PRINT)

<sup>2</sup> A "qualifying disability" means that the applicant has a physical or mental impairment which substantially limits one or more major life activities. Other definitions of disability, such as those used to determine social security benefits, are not applicable to this program. For a definition of disability, see: §12102 of the Americans with Disabilities Act of 1990, as amended; 42 USC §12102; and 28 CFR §36.105.

**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.

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

**Example photo:**



Submit the photograph with the completed application.