



**REQUEST FOR ACCOMMODATION OF A SERVICE ANIMAL**

Date: \_\_\_\_\_

**To: Sensenbrenner Primary Care**

I have a disability as defined by the American Disabilities Act. I use a service animal to assist me with the functional limitations related to my disability. My service animal enhances my ability to live and function independently.

Type of service animal (dog, cat, etc.): \_\_\_\_\_

As an accommodation for my disability, I request that you:

- accommodate my service animal
- other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ I have attached a letter from my doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about my disability and my need for a reasonable accommodation. The letter verifies that I have a disability as defined in by the ADA, fair housing laws, and other related entities and that I have a disability related need for a service animal.

\_\_\_ I have also included or provided proof of current state licensure and vaccinations for the service animal.

Employee/ Patient Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Employee/ Patient Signature: \_\_\_\_\_

**Sensenbrenner Primary Care approver and**

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

**Printed Name:** \_\_\_\_\_

