

I certify that this patient has a physical or mental impairment/disability which meets the definition above.

I certify that this condition substantially limits one or more major life activities, had a record of such impairment, or is regarded to have such an impairment.

_____ Mark if appropriate: I have determined that my patient needs an assistive animal based on healthcare considerations because that animal will perform tasks that will mitigate or alleviate the effects of the disability, provide mobility assistance, or alert the individual with a disability or improve the health or well-being by mitigating the disabling condition.

OR

_____ Mark if appropriate: I verify that my patient's request for _____ is necessary and that the request is directly related to his/her disability and that it is necessary to afford him/her the opportunity to access housing, maintain housing, or fully use/enjoy housing. (Necessary indicates necessity as opposed to only the matter of convenience or preference). I also recommend that this request be approved.

ADDITIONALLY:

_____ Mark if appropriate: I verify that my patient's request for more than one service animal is necessary. My patient needs the following service animals and the explanation of what different service tasks performed by each separate animal is as follows:

I certify that this information is true and correct: _____
Name

Signature Title Date

Name of Clinic, Hospital etc. _____

Address _____

Phone Number Email

Please return this form to: - CMA Realty
8556 E. State Route 69
Prescott Valley, AZ 86314
928-775-2984
Frontdesk@cmareal.com

