FORM 138 - R210302

Assistance Animal Request & Policy Acknowledgement

Patient Name _____ **Date of Birth** _____

Parent/Guardian Name _____

Health Care Provider Name(s) _____

Disability/Impairment requiring assistance animal _____

_____

_____

Tasks or support the assistance animal would provide _____

_____

_____

Type of assistance animal _____

Name of assistance animal _____

Type of information requested (choose one): ☐ signed health care provider letter ☐ housing form*

*Please attach form needed for health care provider to complete if "housing form" is selected.

I HAVE READ AND UNDERSTAND SALEM PEDIATRIC CLINIC'S POLICY REGARDING ASSISTANCE ANIMALS AND THE FAIR HOUSING ACT.

Signed by _____ **Date** _____

Print Name _____ **Relationship to patient** _____

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