

**Statement of Professional  
in Support of Disabled Person's  
Need for an Assistance Animal**

I, \_\_\_\_\_, the undersigned, state that:

1. I am duly licensed in the State of \_\_\_\_\_ as a healthcare or mental health professional in the following profession: \_\_\_\_\_. I certify that my education, training, experience and licensure qualifies me to render the professional opinion regarding disability set out herein.

2. I make this statement concerning the following person: \_\_\_\_\_  
\_\_\_\_\_.

3. I hereby certify that, in my professional opinion, within a reasonable degree of professional certainty based on in-person examination, the person named in paragraph 2 is "disabled" as defined in the federal Fair Housing Act (FHAct) or Section 504 of the federal Rehabilitation Act.

4. Based on my professional opinion that the person named in paragraph 2 is disabled as so defined, it is my further professional opinion, based on a reasonable degree of professional certainty, that the person requires an assistance animal to provide assistance, perform tasks or services, or provide emotional support in order to alleviate one or more of the identified symptoms of the person's disability. The type of assistance animal required by the person is: \_\_\_\_\_.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of professional

\_\_\_\_\_  
Printed name of professional