

**Iowa Civil Rights Commission Sample Policy**

Form B: Assistance Animal Requests: Health Care Professional Form

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

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I, \_\_\_\_\_, intend to request that \_\_\_\_\_

permits me to keep an assistance animal as a reasonable accommodation for my disability. In connection with that application, I am requesting that you complete this form regarding my disability.

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature

Date

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**TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

NAME:

ADDRESS:

TELEPHONE NUMBER:

1. Does the individual identified above have a disability?
  
  
  
  
  
  
  
  
  
  
2. Does or would an assistance animal provide disability-related assistance to the individual? One example of assistance is alleviating one or more of the symptoms or effects of the disability.

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3. For animals that do not perform work or do tasks for the individual, how would the animal ameliorate one or more of the symptoms or effects of the disability?
  
4. If you would like to submit additional supporting materials, please provide them with this form.

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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