

Hendrix College - Medical Verification Form

[for Assistance Animal Applications]

Dear Healthcare provider:

Please attach a letter (three-paragraph minimum) to this form, addressing **all** of the following questions:

1. The patient's diagnosis.
2. Length of time the patient has been under your care.
3. What type of animal do you recommend for your patient, and why?
4. Describe how this animal will support your patient as a student at Hendrix.
5. Describe your patient's experience and/or capability to care for an animal.
6. Please initial, sign, and date below, affirming the following:

_____ I am competent to make an assessment regarding the assistive and/or therapeutic benefits of assistance animals for people with disabilities.

_____ I have read [Hendrix College's Assistance Animal Policy](#) and understand the context for assistance and service animals at Hendrix College.

_____ Upon request, I will answer questions from Hendrix College Office of Academic Success staff concerning my recommendation for the patient to have an assistance animal.

_____ I hereby affirm that this assistance animal is medically necessary.

Signature

Date

Address

Email

Phone#

License#

For questions, please contact the Hendrix College Office of Academic Success at AssistanceAnimals@hendrix.edu