

Medical Verification Form for Assistance Animal

Dear Healthcare provider:

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

1. **Diagnosis**
2. **Length of time under my care**
3. **The type of animal you recommend and why**
4. **Describe specifically how this animal will support your patient at Hendrix.**
5. **Describe your patient's experience and/or capability to care for an animal**
6. **Please complete, sign and date the bottom of this form, affirming your endorsement of this request.**

I am competent to make an assessment regarding the assistive and/or therapeutic benefits of assistance animals for people with disabilities. **Also, I have read the Hendrix Assistance Animal policy, and understand the context for assistance and service animals at Hendrix College.**

Upon request, I would be happy to answer questions you may have concerning my recommendation for the patient to have an assistance animal. **I hereby affirm that this animal is medically necessary. (For questions, please contact AssistanceAnimals@hendrix.edu).**

Signature

Date

Address

Email

Phone#

License#

Incoming 1st-Year Students: Due July 1 for the fall semester;
November 1 for the spring semester

Returning Students: Due March 1 for the fall semester;
November 1 for the spring semester