

LICENSED HEALTH PROFESSIONAL RECOMMENDATION

For GUARDIAN SERVICE DOGS

By signing this form I am requesting and/or recommending that my patient _____ will receive benefits for his/her disability by ownership and/or through the use of a Service Animal.

I acknowledge that _____ is my patient, and has been under my care since _____. I am familiar with his/her medical history and with the functional limitations imposed by his/her disability/disabilities. He/She meets the definition of disability under the Americans with Disabilities Act, the Fair Housing Act, and the Rehabilitation Act of 1973.

Sincerely,

(Health Professional Signature)

*****Disclaimer: By signing this form as a Medical Professional in no way shall myself, or my Partners (if any) be liable for any actions by either the dog or its owner. Responsibility for the safety of others, the training of the Service Animal and the animal's actions in public places is and shall be the sole responsibility of the owner and/or caretaker of the Service Animal.**

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Patient Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Patient's Disability/Disabilities: \_\_\_\_\_

*Please note: Patient's disability information is voluntary and is kept in the strictest of confidentiality. Guardian Service Dogs will never release this information to anyone. This information is used solely to maintain a list of disabilities which correspond to the service tasks the dog will perform for the handler and to assess how the handler will best benefit from the use of a service dog. This information is valuable in our efforts to lobby on behalf of people with disabilities to ensure their right to use and be accompanied by their service dogs in public places.*

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Physician's information:

Health Professional Name: _____ Specialization: _____
Health Professional Phone #: _____
Health Professional Address: _____
City: _____ County: _____ State: _____ Zip: _____
Health Professional Office Email: _____ (will not be shared)
Health Professional Office Stamp (if available)

Notes: _____

Signature: _____ Date: _____



For more information on our Service Dog Training Programs please visit our website at www.guardianservicedogs.com or email us: info@guardianservicedogs.com