



MEMORANDUM FOR JAVELAN

Date: _____

FROM: _____

SUBJECT: Service Dog Recommendation

Patient; _____

Is my patient and has been under my care. I am intimately familiar with his/her history and with the functional limitations imposed by his(her) disability. He/she meets the definition of disability under the Americans with Disability Act, the Fair Housing Act, the Rehabilitation Act of 1973, Air Carrier Access Act (ACAA)

Due to the diagnosis of this individual he/she has certain limitations. In order to help alleviate these difficulties, and to enhance his/her ability to live independently and to fully enjoy life and have as few limitations as possible, I have recommended he/she obtain a service dog. The presence of this animal is necessary for help with these tasks.

Federal law allows this dog to be with the patient listed above at all times, including on airline flights.

Printed name of care provider, _____

Signature: _____

Care Facility: _____

Phone Number: _____

THIS LETTER SHOULD BE RENEWED EVERY 12 MONTHS TO REMAIN ACTIVE AND VALID.