Appendix A
Form 1

Request for Assistance Animal as a Reasonable Accommodation in Housing:
Health Care Professional Form

Requester's Name: _____

Address: _____

Telephone: _____ E-mail: _____

I, _____, intend to request that _____

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

_____ _____
Requester's Signature Date

REQUIREMENTS FOR HEALTH CARE PROFESSIONAL

A health care professional shall only make the findings listed in the next section if all of the following conditions apply:

1) The health care professional has met with the patient or client in person or by telemedicine,
2) The health care professional is familiar with the patient or client and the disability, and
3) The health care professional is legally and professionally qualified to make the finding.

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

1. Does the individual identified above have a disability?

   ☐ Yes ☐ No

2. If yes, is the need for an assistance animal related to that disability? For example, does or would an assistance animal alleviate one or more of the symptoms or effects of the disability?

   ☐ Yes ☐ No

Health Care Provider's Name: _____

Signature: _____

Title: _____

Date: _____

References: Iowa Code sections 216.8B and 216.8C
Resources: https://icrc.iowa.gov/, 515-281-4121, 1-800-457-4416