



200 South Oak Street Winslow, IN 47598

Phone: 812-789-5498 Fax: 812-610-2599 E-mail: info@gilmourhomes.com

## Service & Support Animal Certification

**(must be completed by licensed healthcare provider)**

Healthcare Provider Name: \_\_\_\_\_ License Number: \_\_\_\_\_ State: \_\_\_\_\_

Healthcare Provider Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

***I declare, under penalties of perjury, the following statements are true and correct:***

- The above listed patient is currently under my professional care for a disability defined by the Fair Housing Act as: *a physical or mental impairment which substantially limits one or more of such a person's major life activities, a record of having such an impairment, or being regarded as having such impairment.*
- I certify the above listed patient has a disability-related need for a service or support animal to assist with the day-to-day functional limitations relating to the disability in which I am providing treatment.

The animal required for this assistance is: (list animal type, size, breed, and classification):

Animal Type: \_\_\_\_\_ Animal Size: \_\_\_\_\_ (see chart)

Animal Breed: \_\_\_\_\_

Animal Classification: Service Animal or Emotional Support Animal (circle one)

\_\_\_\_\_  
Signature of Healthcare Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Healthcare Provider



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Dog Weight	Dog Size	Examples of Breed
 1 - 10 lbs	<b>X-Small</b>	Yorkies, Chihuahuas, Pomeranians, Maltese, Papillons
 11 - 25 lbs	<b>Small</b>	Shih Tzu, Pug, Dachshunds, Boston Terrier, Minature Pinschers, Bichons Frises, West Highland Terriers, French Bulldog
 26 - 40 lbs	<b>Medium</b>	Beagles, Minature Schnauzers, Shetland Sheepdogs, Cavalier King Charles, Scottish Terriers, American Staffordshite Terriers
 41 - 70 lbs	<b>Large</b>	Boxer, Bull Dog, Cocker Spaniels, Bassett Hounds, Austrailian Shepherds, Bull Terriers, Shar Pei, Wheaten Terriers
 71 - 90 lbs	<b>X-Large</b>	Labrador Retrievers, Golden Retrievers, German Shepards, Rottweilers, Doberman Pinschers, Siberian Huskies, Chow Chows, Standard Poodles, Border Collie
 91 - 110 lbs	<b>XX-Large</b>	Alaskan Malamute, Bernese Mountain Dog, Great Dane, St Bernard, Old English Sheepdog



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## Service & Support Animal Certification

(must be completed by veterinarian)

Veterinarian Name: \_\_\_\_\_ License Number: \_\_\_\_\_ State: \_\_\_\_\_

Veterinarian Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Animal Information

Animal Name: \_\_\_\_\_ Animal Type: \_\_\_\_\_

Animal Breed: \_\_\_\_\_ Animal Color: \_\_\_\_\_

Animal Age: \_\_\_\_\_ Animal Pounds: \_\_\_\_\_

Animal Sex: Male Female Spayed/Neutered: Yes No Microchipped: Yes No

Last de-worming and/or other prophylactic anti-parasitic treatments(s): \_\_\_\_\_

### Canine Vaccinations

DHLPP + C (Distemper Hepatitis Leptospirosis Parvovirus Parainfluenza Corona)

Renewal Due Date: \_\_\_\_\_

Bordetella Renewal Due Date: \_\_\_\_\_ Rabies Renewal Due Date: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

### Feline Vaccinations

FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)

Renewal Due Date: \_\_\_\_\_

FelV (Feline Leukemia) Renewal Due Date: \_\_\_\_\_ Rabies Renewal Due Date: \_\_\_\_\_

Other (please specify): \_\_\_\_\_



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I certify the following:

- The above-mentioned animal has all current vaccinations as required, and all the above vaccinations will remain current through one year.
- The above-mentioned animal has been given a stool sample test for internal parasites.
- The above-mentioned animal has been treated and/or examined and found to be free of flea infestation.
- The above-mentioned animal is in general good health and does not pose a direct threat to the health or safety of others.
- The above-mentioned animal presents no health risk from any zoonotic diseases.

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Signature of Veterinarian

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Date

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Printed Name of Veterinarian