

# Service Animal Request Form

**RE: Wis. Stat. section 106.50(2r)(bg) and (br)**

## **For Emotional Support and/or Disability Assistance**

The following provisions apply to both Emotional Support Animals (ESA) and Service Animals that do work or perform tasks for disabled individuals:

In accordance with Wis. Stat. section 106.50(2r)(bg) and (br) the tenant is required to provide: (1) reliable documentation that the tenant has a disability; and (2) reliable documentation of the disability-related need for the animal from a Licensed and Certified Healthcare Professional.

**Act 317 includes a provision that says if a tenant or the tenant's health care professional misrepresents that he/she have a disability or a disability – related need or that his/her patient has a disability or disability-related need for an ESA, that the tenant and the health care professional shall pay a fine of not less than \$500.00. Furthermore it is understood that a tenant who keeps such an animal shall accept responsibility for damage to the rental property caused by the animal.**

I \_\_\_\_\_ hereby state that I am a Licensed Health Care Professional which is defined as a physician, psychologist, social worker, or other Licensed Health Care Professional who is Licensed and Certified in the state of Wisconsin. Furthermore, I pledge that I am acting within the scope of my authority by providing the attached reliable documentation on my letterhead confirming the tenant or applicant has a disability and a disability-related need for the animal which is described as follows:

Description of Service Animal: \_\_\_\_\_ License No.: \_\_\_\_\_

Signature: \_\_\_\_\_ License No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Licensed & Certified Health Care Professional

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant or Tenant

Applicant or Tenant/Name: \_\_\_\_\_  
Please Print

Applicant or Tenant/Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant or Tenant/Phone: \_\_\_\_\_

Applicant or Tenant/Email: \_\_\_\_\_