**VERIFICATION FORM FOR ASSISTANCE ANIMAL AT KOA LAGOON**

**Patient Information (to be completed by patient):**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service animal description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Care Provider Information (to be completed by Provider):**

While the Bylaws of the AOAO of Koa Lagoon prohibit pets from being kept at the Koa Lagoon, the above named patient has asked that he/she be permitted to keep a service animal as a reasonable accommodation under Fair Housing Amendments Act\* of 1988 and HSS Chapter 515-3. The requested information will assist us in providing a waiver of this restriction.

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business address Street/P.O.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zipcode\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_issued by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In determining whether this patient is handicapped/disabled, I have considered whether the limitations the Patient actually faces are in fact substantially limiting. After careful consideration, I hereby certify that this patient is determined by me to be handicapped under the Fair Housing Act of 1988 and/or is disabled under the Fair Housing Act of 1988 and/or disabled under Chapter 515, Hawaii Revised Statutes, I attest that the above-indicated Assistance Animal is indeed a necessary and reasonable accommodation intended to lessen the effects of a documented disability for the above-named Patient and will enable Patient to have an equal opportunity to use and enjoy the premises of Koa Lagoon.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note to Provider: Please mail this certification in the envelope provided by the Patient. Mahalo!*

*\*The Federal Fair Housing Act defines a handicapped person as one who has “(1) physical or mental impairment which substantially limits one or more of such person’s major life activities, (2) a record of having such an impairment, (3) being regarded as having such an impairment, but such term does not include current, illegal use of or addiction to a controlled substance (as defined in section 802 of Title 21).*