

## ASSISTIVE ANIMAL CONFIRMATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

I,       (Name)       am requesting to bring an assistive animal onsite as a reasonable accommodation for a disability and/or medical condition. I acknowledge that my assistive animal is suited for the work environment. This means my animal is:

- Housebroken (i.e., “potty trained”),
- Free from offensive odors and parasites, and
- Not aggressive towards others.

My animal will not otherwise cause a safety or health issue in the work environment, to my knowledge.

I understand that the company will undergo the interactive process to determine whether my request to bring an assistive animal to the worksite will be granted. I understand that I am requested to provide a certification from a healthcare provider detailing the need for the assistive animal.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Completed (*Month/Day/Year*)

***Assistive Animal Recertification (after one year)***

I, \_\_\_\_\_ (Name) \_\_\_\_\_ certify that I continue to have a need for an assistive animal onsite as a reasonable accommodation for a disability and/or medical condition.

I understand that I may be requested to provide a certification from a healthcare provider for the continued need for the assistive animal.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Completed (*Month/Day/Year*)