



EATON COUNTY FAIR OFFICE

Assistance Animal Documentation Form

P. O. Box 38

Charlotte , Michigan 48813

(517) 543-4510 (517) 543-4519 (fax)

Assistance Animal at the Eaton County Fair - Documentation Form

Disability Documentation Form must be on file with the Fair Office to consider

Assistance Animal on the grounds during Fair Request Form

The person named below has requested access for an assistance animal to be on the grounds during the Eaton County Fair . The Eaton County Agricultural Society (ECAS) provides access for volunteers , employees , exhibitors and their families , the general public and accommodations for individuals with disabilities . Individuals seeking approval for assistance animals to be on the grounds during Fair must provide appropriate medical documentation of their condition so the Fair Office can determine the eligibility for approving the request .

The Americans with Disabilities Act (ADA) defines disability as " a physical or mental impairment that substantially limits one or more major life activities , a record of such impairment , or being regarded as having such an impairment ."

Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities .

Documentation required to verify the condition , severity , and functional limitations include completion of this form or provision of equivalent information on official letterhead to the Eaton County Fair by a licensed psychologist , neuropsychologist , psychiatrist , or other licensed treating professional . Professionals completing this form must have first-hand knowledge of the condition , experience in working with individuals with disabilities and ideally a familiarity with the physical , emotional and cognitive demands experienced by this applicant in this active setting .

Diagnoses of disabilities documented by family members are unacceptable .

Assistance Animal Documentation Form

Client Information (please print)

Client name ; Last , First , Middle Initial _____

Date of Birth _____

Certifying Professional (please print)

Certifying Professional's Name _____

Credentials / Specialization ; _____

License Type ; _____

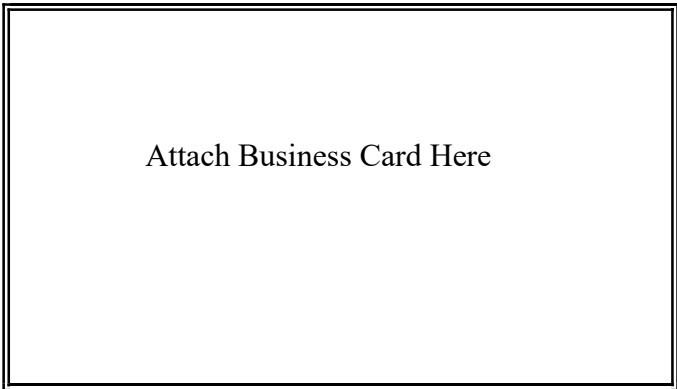
License ; _____

Mailing Address ; _____

City / State / Zip ; _____

Phone ; _____ Fax ; _____

E-Mail ; _____



Office web address ; _____

Diagnosis / Diagnoses (please print)

DSM or ICD Code ; _____

Date of onset ; _____ Date of diagnosis ; _____

Date of client's last appointment ? _____

How often dose the client receive treatment ; _____

What symptoms / challenges continue to impact the clients daily functioning ?

Assistance Animal Details ; (please print)

What animal in prescribed ? _____

Is an assistance animal a critical element of the current treatment plan you have developed with this client ? _____

For how long has the animal been a prescribed part of the current treatment plan ?

How does/might an assistance animal reduce or alleviate current symptoms and better manage the client's disability ? Include the relationship or nexus between the client's disability and the assistance the animal provides .

For Unique Animals only ; (i.e. not a cat or dog) , (please print)

What are the unique circumstances justifying the individual's need for the particular animal or the particular type of animal ?

Do you have reliable information about the animal or whether you specifically recommend this type of animal ?

Assistance Animal Documentation Form

Do you have any reason to believe this animal could be a health and safety danger to other animals that would be on exhibit or to persons at the Fair .

Using the contact information on page one , print , sign below , and send directly to the Eaton County Fair Office for review .

Date ; _____

Certifying Professional's Signature ; _____

Signature denotes content , adherence to professional standards and guidelines on page one of this document .