

Physician Statement

Handi-Dogs, Inc.
75 S. Montego Dr., Tucson AZ 85710
520-326-3412 Fax 520-319-8186
service@handi-dogs.org



I, _____, give my consent for the below named physician to
(Patient's Name) release the information requested in this form.

Signature: _____ Date: _____

If applicant is under age 18, Parent/Guardian must sign below:

Signature: _____ Date: _____

Print Name: _____

Dear Physician:

The patient listed above wants to train a dog in a Handi-Dogs, Inc. Service Dog class. In order to verify that your patient has a qualifying medical condition, we would appreciate your answering the following questions.

Is the person listed above currently a patient of yours? _____ Date of last Tetanus shot: _____

What is the nature of the medical condition that this person would like to train the dog to assist with?

Is this patient taking medication related to this condition? Yes No

Is the person involved in therapy related to this condition? Yes No

Is there any additional information you would like to provide that would assist us to better meet the needs of this person?

Our classes are held at our indoor facility at 75 South Montego Drive, Tucson, AZ 85710. Feel free to visit or call us (326-3412). Thank you for your time.

Physician Signature _____

Physician Name _____ **Date** _____

Address _____ **Phone** _____

Applicant information is privileged and confidential. This information is available to those involved in the applicant's consultation, training, recordkeeping, and billing. However, such information may only be accessed on a need-to-know basis. Need-to-know is defined as the minimum use, disclosure or access necessary for one to adequately perform one's specific responsibilities. All other access is prohibited unless authorization is obtained from the applicant or unless otherwise permitted by state or federal law.