



Public Health
Prevent. Promote. Protect.

Cudahy Health Department

HEALTH DEPARTMENT

P. O. BOX 100510
5050 SOUTH LAKE DRIVE
CUDAHY, WI 53110-6108

KATIE LEPAK
HEALTH OFFICER
PH: (414) 769-2239
FAX: (414) 769-2291

E-Mail: KatieL@ci.cudahy.wi.us

Service/Assistance Animal Application

CONTACT INFORMATION

Name: _____

Address: _____

Phone Number: () _____

ANIMAL INFORMATION

Animal Type: _____

Animal Name: _____

Animal License #: _____

Animal Rabies Tag #: _____

Date of Rabies Vaccination: _____

Expiration Date: _____

Is this service animal required because of a disability?

YES

NO

If your disability is not readily apparent, provide documentation of the disability as well as a statement from your doctor, therapist or social worker addressing the need for the assistance of the animal. See HUD, FHEO Notice: FHEO-2013-01.

If the animal has been trained, what work or task has the animal been trained to perform?

What training has the animal had for the service? (Please attach any certificates of training, if applicable)

Please provide a letter from a physician, therapist or social worker verifying the need for the support animal and the service(s) which the animal is expected to perform.

Signature

Date