

AFFIDAVIT OF TREATING PHYSICIAN

BEFORE ME, the undersigned authority personally appeared _____ who, being duly sworn deposes and says:

1. My name is _____.
2. I am licensed by the State of _____ with full privileges to practice medicine within the State of _____.
3. My practice specialty is _____.
4. My office is located at _____.
5. I am _____'s (hereinafter "Patient") treating physician. I began treating Patient on _____.
6. On or about _____, I diagnosed Patient within a reasonable degree of medical certainty as suffering from a physical and/or mental disability/handicap.
7. Within a reasonable degree of medical certainty, I estimate that Patient's medical/mental condition(s) began on or about _____ and will continue until _____.
8. Within a reasonable degree of medical certainty, I have concluded that Patient's medical/mental condition substantially limits Patient's major life activities as follows: (list the major life activities affected by the disability):

_____ and a service animal will be able to ameliorate the effects of the disability by

_____.
9. I prescribed an emotional support animal and/or service animal as part of Patient's medical treatment.
10. The (emotional support animal/service animal/reasonable accommodation) is medically necessary and will assist Patient in _____

_____.
11. It is my medical opinion that Patient is handicapped as that term is defined under the Fair Housing Act and Florida Fair Housing Act*** and the animal is medically necessary to afford Patient an equal opportunity to use and enjoy the unit/home.

12. This affidavit is made to induce _____
To make alterations to the Corporation's use restrictions based upon a medical, mental and/or physiological disability/handicap substantially limiting one or more of Patient's major life activities which does not include current, illegal use or addiction to a controlled substance.

FURTHER AFFIANT SAYETH NAUGHT.

_____ M.D.

_____ M.D.

Print Name

STATE OF _____
COUNTY OF _____

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State of County aforesaid to take acknowledgements, personally appeared _____, who is personally known to me, or who is not personally known to me, but to whom an oath was administered, and who produced _____ No. _____, as identification, and executed the foregoing instrument.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, 20_____.

My Commission Expires:

_____ Notary Public, State of _____

Printed Name of Notary Public
Commission No.:

*** The Federal Fair Housing Act (42 U.S.C. Sec.3602) defines the term handicap as follows:

"Handicap" means, with respect to a person –

- (1) A 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, or
- (3) Being regarded as having such impairment, but such term does not include current illegal use of or addiction to a controlled substance . . .

The Florida Fair Housing Act (Fla.Stat. s.760.22 defines the term "handicap" as follows:

(7) "Handicap" means:

- (a) A person has a physical or mental impairment which substantially limits one or more major life activities, or he or she has a record of having, or is regarded as having, such physical or mental impairment; or
- (b) A person has a developmental disability as defined in s. 393.063.