

HOUSING SENIORS I CREATING HOPE I PILOTING CHANGE

Companion and Service Animals

WHAT IS A SERVICE ANIMAL?

A service animal has been trained to perform specific tasks to assist a person with a disability. The most common example of a service animal is a guide dog who is trained to assist people with limited or no vision.

WHAT IS A COMPANION ANIMAL?

A companion or assistance animal is a domestic animal that provides emotional support to a person with a disability. Companion animals can help people with disabilities like depression and anxiety.

DOCUMENTATION FOR A COMPANION ANIMAL

If you have an animal that meets the definition of a companion animal, you can ask your health care provider to write a letter that documents your companion animal's role in helping with your disability.

COMPANION ANIMALS IN HOUSING

Once you have documentation of your companion animal, and your documentation has been accepted by your landlord, you will receive certain accommodations in your housing.

Companion animals are not considered pets. They can live in buildings that do not allow pets.

Also, you are not required to pay any pet deposits or pet rent for companion animals.

Many buildings require proof of animal registration, vaccinations, and spay/neuter for all animals living at the building, including companion animals.

There is no legal limit to the number of companion animals you can have in your housing, but each animal needs to serve a separate function related to your disability, and needs to be included in the letter written by your health care provider. Each companion animal will be approved on a case by case basis by your landlord.

SAMPLE LETTER

A sample letter is attached. For more detailed information about Service and Companion Animals and for more sample letters, go to <u>http://droregon.org/housing</u> and click on the Fair Housing Handbook link or call Disability Rights Oregon at 503-243-2081.

Sample Letter: Recommendation for an Companion Animal from a Service Provider/Professional

[Name of professional (therapist, physician, psychiatrist)] [Address] [City, State, Zip Code]

[Date of the letter] [Name of Apartment Manager/Housing Authority/Landlord] [Housing Complex] [Address] [City, State, Zip Code]

Dear [Apartment Manager/Housing Authority/Landlord]:

[Full name of patient] is my patient, and has been in my care since [date]. I am thoroughly familiar with his/her medical history and with the substantial functional limitations of his/her disability.

Due to mental illness, [Mr./Ms. and patient's last name] has certain limitations regarding [social interaction/coping with stress/anxiety]. In order to help alleviate these difficulties, and to enhance his/her ability to live independently and to fully use and enjoy the rental unit you own and/or administer, I am prescribing an assistance animal that will assist [patient's full name] in coping with his/her disability.

Sincerely, [Professional's Signature] [Name of Professional]

> For updates or changes to this information please contact Northwest Pilot Project at (503) 227-5605 or housing@nwpilotproject.org Updated 2-2025