

EMPLOYEE'S STATEMENT  
CONFIRMATION OF ASSISTIVE ANIMAL'S BEHAVIOR

I, named employee \_\_\_\_\_, UCLA employee number \_\_\_\_\_, hereby confirm that my animal, a \_\_\_\_\_ (species) meets the minimum standards for assistive animals that include but are not limited to:

- a). It is free from offensive odors and displays habits appropriate to the work environment, for example, the elimination of urine and feces;
- b). It does not engage in behavior that endangers my health or safety and health of others in the workplace;
- c). It has a current, valid city or county license;
- d). It provides assistance for my disability in the following ways:

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Please return this along with your medical provider's certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RETURN TO: Employee Disability Management Services  
ATTN:  
Email:  
Or FAX: 310-794-8642