

*City of Perry*

*203 W. Polly St.  
Perry, MI 48872*



*www.perry.mi.us*

*Phone: (517) 625-6155  
Fax: (517) 625-6157*

**APPLICATION FOR THERAPY ANIMAL LICENSE**

1. Name of patient:
2. Name of owner of therapy animal:
3. Name of custodian of therapy animal (if different from owner):
4. Type of therapy animal:
5. Color, size and weight of therapy animal:
6. Attach picture of therapy animal which depicts the markings, tag, band, etc., to be used for identification purposes:
7. Attach current health certificate from licensed veterinarian (dated within 30 days) which attests to the weight and general health of the therapy animal:
8. Attach a copy of the prescription from a licensed physician or psychologist attesting to the need for the therapy animal.

**"I DECLARE UNDER PENALTY OR PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT."**

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Applicant name-Printed)

\_\_\_\_\_  
(Applicant - Signature)

**NOTICE:**

**THERAPY ANIMAL LICENSE IS VALID FOR ONE (1) YEAR FROM DATE OF ISSUANCE. ENCLOSURES OR FACILITIES FOR KEEPING OF THERAPY ANIMALS ARE SUBJECT TO INSPECTION BY CITY PERSONNEL.**