INSTRUCTIONS

How to Use this Form

1. The applicant (owner) for a dog license must fill out the form if the applicant wants the license fee waived for a service dog.

2. The applicant fills out Part I (Applicant and Dog Information) and, if the dog is prescribed for the owner, the healthcare practitioner prescribing the dog fills out Part II.

3. The applicant submits the completed form to the Municipal Clerk when licensing the dog.

4. A properly filled-out and signed form is verifiable written evidence required by Municipal Clerks licensing a dog as a “service dog.”

5. The form is required for initial verification for waiver of the dog license fee, but not for renewal.

6. The Clerk should keep a copy on file.

IMPORTANT NOTE: This form only serves to verify for purposes of licensing that a dog has been prescribed or has been trained by an organization, and thus qualifies for waiver of the license fee. Other dogs, even though they do not qualify for the fee waiver, may legitimately be service dogs and entitled to all the protections of a service animal if they meet the definition of Title 5 MRSA § 4553.

This form was developed by the Maine Department of Agriculture consistent with the Animal Welfare Act and the regulations of the Maine Human Rights Commission.

DISCLAIMER OF LIABILITY: The State of Maine disclaims any responsibility for the accuracy of the information that may be contained on this form and makes no warranties or representations whatsoever regarding the behavior or actions of the animal referred to on this form. The care and supervision of a service animal are solely the responsibility of his or her owner.

For further information about the use of this form, please contact the Animal Welfare Program at: (207) 287-3846
§4453. Definitions

9-D. Service animal. “Service animal” means:
   A. Any animal that has been determined necessary to mitigate the effects of a physical or mental disability by a physician, psychologist, physician's assistant, nurse practitioner or licensed social worker, or
   B. Any animal individually trained to do work or perform tasks for the benefit of an individual with a physical or mental disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals who are deaf or hard of hearing to intruders or sounds, providing reasonable protection or rescue work, pulling a wheelchair or fetching dropped items.

§4553-A. Physical or mental disability

1. Physical or mental disability, defined. "Physical or mental disability" means:
   A. A physical or mental impairment that:
      (1) Substantially limits one or more of a person's major life activities;
      (2) Significantly impairs physical or mental health; or
      (3) Requires special education, vocational rehabilitation or related services; [2007, c. 385, §3 (NEW).]
   B. Without regard to severity unless otherwise indicated: absent, artificial or replacement limbs, hands, feet or vital organs; alcoholism; amyotrophic lateral sclerosis; bipolar disorder; blindness or abnormal vision loss; cancer; cerebral palsy; chronic obstructive pulmonary disease; Crohn's disease; cystic fibrosis; deafness or abnormal hearing loss; diabetes; substantial disfigurement; epilepsy; heart disease; HIV or AIDS; kidney or renal diseases; lupus; major depressive disorder; mastectomy; mental retardation; multiple sclerosis; muscular dystrophy; paralysis; Parkinson's disease; pervasive developmental disorders; rheumatoid arthritis; schizophrenia; and acquired brain injury; [2007, c. 385, §3 (NEW).]
   C. With respect to an individual, having a record of any of the conditions in paragraph A or B; or [2007, c. 385, §3 (NEW).]
   D. With respect to an individual, being regarded as having or likely to develop any of the conditions in paragraph A or B. [2007, c. 385, §3 (NEW).]

2. Additional terms. For purposes of this section:
   A. The existence of a physical or mental disability is determined without regard to the ameliorative effects of mitigating measures such as medication, auxiliary aids or prosthetic devices; and [2007, c. 385, §3 (NEW).]
   B. "Significantly impairs physical or mental health" means having an actual or expected duration of more than 6 months and impairing health to a significant extent as compared to what is ordinarily experienced in the general population. [2007, c. 385, §3 (NEW).]

3. Exceptions. "Physical or mental disability" does not include:
   A. Pedophilia, exhibitionism, voyeurism, sexual behavior disorders, compulsive gambling, kleptomania, pyromania or tobacco smoking; [2007, c. 385, §3 (NEW).]
   B. Any condition covered under section 4553, subsection 9-C; or [2007, c. 385, §3 (NEW).]
   C. Psychoactive substance use disorders resulting from current illegal use of drugs, although this may not be construed to exclude an individual who:
      (1) Has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs or has otherwise been rehabilitated successfully and is no longer engaging in such use;
      (2) Is participating in a supervised rehabilitation program and is no longer engaging in such use;
      (3) Is erroneously regarded as engaging in such use, but is not engaging in such use; or
      (4) In the context of a reasonable accommodation in employment, is seeking treatment or has successfully completed treatment. [2007, c. 385, §3 (NEW).]

Title 17 – Crimes
Chapter 42 – Animal Welfare

17 § 1314-A. Misrepresentation of service dog.

A person who fits a dog with a harness, collar, vest or sign of the type commonly used by blind persons in order to represent that the dog is a service dog or commonly used by persons with disabilities to represent that the dog is a service dog when training of the type that guide dogs normally receive has not been provided or when the dog does not meet the definition of “service dog” as defined in section 1312 commits a civil violation for which a fine of not more than $500 may be adjudged.
Service Dog Verification Form for Waiver of License Fee

Part I – Applicant and Dog Information

Applicant’s Name: ________________________________________________

Applicant’s Address: _____________________________________________

Applicant’s Telephone: ___________________________________________

Applicant Statement – By signing this form, applicant is saying, “I have read the State laws on page 2 of this application and I understand the definitions of ‘disability’ and of ‘service dog’ and the penalties for misrepresenting a dog as a service dog, which are printed below.”

Dog Information –

Name: ____________________  Breed: ____________________

Color: ____________________  Sex: ____________________

Age: ____________________

• Applicant asserts that the specific dog is a service dog, qualifying under the definition of “service dog” because it meets one (or more) of the following standards:

  □ The dog fulfills the function recommended by a Physician, Psychologist, Physician’s Assistant, Nurse Practitioner, or Licensed Social Worker (or other healthcare practitioner approved by the Department); if this box is checked, the applicant must have the practitioner fill out and sign the Part II below;

  or

  □ The dog has been provided or trained by a service dog-training agency (name and location of agency:__________________________________________________).

I understand the penalties for misrepresentation of a dog as a service dog. The information on this form is correct to the best of my knowledge.

___________________________________          ______________________
Applicant signature                           Date
Part II – Statement of Practitioner (Physician, Psychologist, Physician’s Assistant, Nurse Practitioner, Licensed Social Worker, or other practitioner approved by the Department)

Practitioner’s Name: _____________________________________________________

Address _______________________________________________________________

Telephone Number ______________________________________________________

License or Certification Number ____________________________________________

Applicant’s name _______________________________________________________

☐ The applicant is a patient of the practitioner named above.

☐ I have determined that the applicant has a disability for which a service dog is necessary based on healthcare considerations, consistent with the definitions in Maine law for “disability” and for “service animal.” A service dog will fulfill one or more of the following functions (Check those that apply):

☐ Perform tasks that will mitigate the effects of the individual’s disability
☐ Provide mobility assistance or alert the individual with a disability
☐ Improve health and well being of the individual by mitigating a disabling condition.

RECOMMENDATION: Because individuals differ in their ability to care for, obtain training for, manage and supervise a dog, it is advised that the healthcare practitioner and the applicant have a conversation about responsibility for the animal.

__________________________________  _____________________________
Practitioner Signature     Date

__________________________________
Practitioner Printed Name