Teacup Dogs Agility Association (TDAA)
Handler Disability Determination Request Form

I. General Information - To be completed by requestor

Requestor's Name	Phone Number
Address	Email Address

Statement: I hereby request that I be provided a Disabled Handler Exemption, due to disability, to compete in TDAA events.

Requestor's Signature	Date signed - (mm/dd/yyyy)

II. Physician's Statement - To be completed by physician.

Physician's Name (Type or Print)
Address

Statement: I hereby confirm that the above-named individual, due to disability, requires accommodation to compete in dog agility sports.

Additional Comments:

Physician's Signature	Date signed - (mm/dd/yyyy)

Office Use: Date Received:_____

Approved ☐ Yes ☐ No

Date of Determination: _____

___ Recorded

___ Requestor Notified

___ Primary Club Notified