

SERVICE ANIMAL APPLICATION AND INFORMATION

Service and/or therapeutic animals **may not join a household prior to the completion** of this Service Animal Application and Information form, interview and approval by Management.

ANIMALS NOT PERMITTED: Breeds of canine used for attack or defense purposes such as, but not limited to, Rottweilers, Pitbull Terriers, Doberman Pinchers and German Shepherds, are not eligible as therapeutic/companion animals on this property, unless they have been individually trained to do work or perform tasks for the benefit of a person with a disability (e.g. guide dog), and will not be allowed under any circumstances. Exotic animals are not eligible as therapeutic/companion animals on this property (e.g. snakes, lizards, iguanas, wild animals such as wolves and big cats, etc.) unless they have been individually trained to do work or perform tasks for the benefit of a person with a disability (e.g. service monkey).

GENERAL INFORMATION:		
Name: _____	Housing status: <input type="checkbox"/> Resident <input type="checkbox"/> Applicant	Apt. # if applicable _____
Is this animal required for medical reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you provide third party verification of your need for a service/therapeutic animal? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ANIMAL TYPE: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (describe animal type) _____	
Animal's Name: _____	Animal's Age: _____
Description _____	Animal's Weight: _____
Veterinarian's Name _____	Phone _____
Veterinarian's Address _____	
City/State/Zip _____	
How long have you owned this animal? _____	

REQUIRED INFORMATION: You must provide the date and evidence of the following information		
	DATE	<i>Management Use only</i> EVIDENCE PROVIDED?
State/Local License Number	_____	<input type="checkbox"/> # _____
Renter's Liability Insurance	_____	<input type="checkbox"/> _____
Certificate of Good Health	_____	<input type="checkbox"/> _____
Spayed/Neutered	_____	<input type="checkbox"/> _____
Rabies	_____	<input type="checkbox"/> _____
Distemper	_____	<input type="checkbox"/> _____
Required Photograph Provided	_____	<input type="checkbox"/> _____
Other(describe) _____	_____	<input type="checkbox"/> _____
Other(describe) _____	_____	<input type="checkbox"/> _____
Comments and/or Warnings: _____ _____		

REFERENCES: Please list previous landlord or person to contact that can attest to the behavior of your animal.	
Name: _____	Phone: _____
Address: _____	
Relationship/How does this person know your animal? _____	

EMERGENCY CONTACT: Please designate below a person or agency that should be contacted in the event that your Service Animal is left alone for over 24 hours , or in the event of an emergency. We will call the person or agency in order that they may attend to your Service Animal. NOTE: Management will <u>not</u> assume any responsibility or obligation for care of your Service Animal. If we are unable to reach the person or agency you designate, we will contact the local animal control agency to remove the animal from the premises.	
1. Person or Agency to Contact:	
Name: _____	Phone # _____
Address: _____	
2. Alternate Person or Agency to Contact:	
Name: _____	Phone # _____
Address: _____	

The Service Animal Owner/Resident must inform management of any changes in alternate caretaker's names, addresses, or telephone numbers. Management will not be responsible for providing your Service Animal's Caretaker access to the apartment in the absence of the Service Animal Owner/Resident.

I hereby certify that the above information is true and correct to the best of my knowledge:

Resident/Applicant Signature: _____ Date: _____

Resident/Applicant Signature: _____ Date: _____