



## 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's Name	Animal Type <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (Describe):	
Animal's Age	Animal's Weight	Description
Veterinarian's Name		Veterinarian's Address
Veterinarian's Phone		How long have you owned this animal?
<b>Required Information:</b> You must provide the date and evidence of the following information		
		<i>Management Use Only</i>
	<b>Date</b>	<b>Evidence Provided?</b>
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"/>
Comments and/or Warnings:		
<b>References:</b> 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?	
<b>Emergency Contact</b>		
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 not 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.		
Name	Phone	Address
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:*

	Date		Date
(Resident/Applicant)		(Resident/Applicant)	