

VILLAGE ON THE GREEN CONDOMINIUM 11 ASSOCIATION, INC.

ASSISTANCE ANIMAL REGISTRATION FORM AND REQUEST FOR REASONABLE ACCOMMODATION

(Must be completed in its entirety prior to animal being permitted on the premises) (Please submit this form and all further documentation to a VOGII Board Member)

Animal Owner's Name _____

Address and Unit No. _____

Contact number _____

Type of Assistance Animal _____

Name and Age of Animal _____

Breed and Description _____

*(Picture of the animal is required to be supplied with this form for identification purposes)

Emergency Caretaker Name _____

Phone Number _____

I hereby certify that the animal is current on all licensing and vaccination requirements and I have read, understand, and agree to abide by the Association's rules and regulations pertaining to reasonable accommodation animals. I understand that the granted reasonable accommodation is specific to me and this animal only and that a new request for reasonable accommodation and form must be submitted for a different animal.

I FURTHER HEREBY AGREE TO INDEMNIFY THE ASSOCIATION FOR ANY AND ALL DAMAGE THAT MAY RESULT TO THE CONDOMINIUM PROPERTY OR TO ANY PERSON WHILE HE OR SHE IS ON THE CONDOMINIUM PROPERTY AS A RESULT OF OR ARISING FROM THE ANIMAL BEING ON THE PROPERTY.

Animal Owner Signature

Date

The Board of Directors has received acceptable documentation or the need for the animal is readily apparent and grants a reasonable accommodation to allow the above-referenced animal despite the pet restriction contained in the deed restrictions and/or rules and regulations.

Board Member Signature

Date

VILLAGE ON THE GREEN CONDOMINIUM 11 ASSOCIATION, INC.

Homeowners Name:

Unit #:

Date:

This waiver is being granted by the Board of Directors in compliance with the existing Federal and State Statutes regarding "Special Assistance and Emotional Support Animals (SAESA)."

This waiver is subject to the restrictions listed below:

1. The animal must be licensed and current with all required shots and vaccinations. This information should be verified by a licensed veterinarian and all information is to be provided to the Board.
2. This reasonable accommodation is granted only as to the particular animal currently owned by the owner. A separate application, documentation, and waiver will be required for any replacement animal.
3. The animal is required to wear a collar with identification information for the animal and the name, address and telephone number for the animal's owner and must be on a leash no longer than six (6) feet long at all times when outside the owner's unit.
4. The owner must pick up all animal waste immediately and dispose of the waste properly.
5. The animal cannot make noise which disturbs the peace and tranquility of other owners or create a nuisance or danger to others.
6. The animals may not be kept unattended on the balcony or patio of the unit and may not be left alone in the unit for more than ten (10) consecutive hours or overnight.
7. The accommodation is being made to the owner who qualifies for the exemption under Federal and State Fair Housing Laws and to no other owner/occupant of the unit. When the owner entitled to the reasonable accommodation is no longer in residence in the unit, the animal shall be removed.
8. Owner agrees that he or she shall indemnify and hold the Association harmless for any damages or personal injury caused by the animals and shall promptly reimburse the Association for any costs incurred by the Association to make repairs as a result of or arising out of the animals being on the premises.
9. If the Board receives any complaints regarding the Owner's failure to abide by the restrictions listed above, the Owner will be notified in writing of the complaint(s) and directed to correct the problem. If the Owner fails to correct the problem, and the same problem persists, the Board may take appropriate action to have the animal removed.
10. To the extent it is necessary to institute legal action to enforce the provisions herein, the Owner shall bear any reasonable attorney's fees and costs incurred by the Association.

Please include with this request a letter from your physician stating you require an Special Assistant and/or Emotional Support Animal (SAECA).

I understand and agree to comply with the above listed restrictions:

Homeowners signature

Date