

## RESIDENT APPLICATION FOR ASSISTANCE/EMOTIONAL ANIMAL

Name of Resident (please print): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Description of animal: \_\_\_\_\_

\_\_\_\_\_

Requested move-in date of animal: \_\_\_\_\_

Name of physician, "prescribing" assistance/emotional animal, including office address and phone number: \_\_\_\_\_

\_\_\_\_\_

You, the undersigned, hereby request consideration and approval from The Highlands' Animal Compliance Committee for the above-named animal to live in your home and serve as an assistance/emotional animal. The resident also authorizes The Highlands, Inc. (THI) to obtain any records necessary from the physician(s) listed above. Signature below also certifies that the information provided is true and correct.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Office Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Date

**RULES FOR REASONABLE ACCOMODATION OF SERVICE OR ASSISTANCE ANIMALS**

In accordance with Federal Regulations and pursuant to Item 11 of the Highlands CC&R, only service and/or assistance animals are allowed in the Subdivision.

Assistive animals require documentation provided by physician or therapist. Documentation is on letter head and signed by physician or prescription signed by physician and/or therapist.

The Highlands' office has the necessary forms for resident to request that an assistance animal be allowed in the community.

**GENERAL RULES**

1. Whenever the animals is off private property, in THI subdivision animal is to be on a leash, per ORO VALLEY, leash max length of 6 feet.
2. No animal that poses a threat to the safety, health or property of others will be permitted to remain in the community.
3. Your animal is never allowed on another resident's private property without permission from that resident.
4. Only ONE animal per person with a max of 2 per household is allowed unless signed documentation is provided by a physician indicating that more than one animal is needed for assistance.
5. Residents are required to carry a waste bag and immediately pick up any waste deposited by their animal.
6. If an animal is lost, through death or other means, an application from a physician must be submitted for any replacement animal.

**ACKNOWLEDGEMENT OF RECEIPT**

I ACKNOWLEDGE RECEIP OF THE RULES FOR REASONABLE ACCOMODATION OF SERVICE OR ASSISTANCE ANIMALS.

Printed Name of Resident	Signature of Resident
Resident's Address: _____	
Resident's Phone: _____	

Board Member Signature	Approval Date
Board Member Signature	Approval Date