

The  
**HIGHLANDS**

332 W. MATTERHORN STREET  
ORD VALLEY, AZ 85737-9739  
Phone/Fax: (520) 297-2722  
Highlands332@gmail.com

**RESIDENT APPLICATION FOR  
ASSISTANCE/EMOTIONAL ANIMAL**

(Please print)

Name of Resident: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name & 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*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Office Signature*

\_\_\_\_\_  
*Date*