

Fairways Royale Association, Inc.

SERVICE ANIMAL EXEMPTION FORM AS TO NO PET RESTRICTION

Owner/Tenant Name: _____

Unit No.: _____ Telephone No.: _____

Documentation required for exemption:

1. A copy of the owner's/tenant's treating physician's license (to practice in the U.S.).
2. A copy of the treating physician's resume (detailing the areas of practice and certification).
3. An explanatory letter from the treating physician explaining and detailing:
 - a. The alleged disability or handicap,
 - b. The important life function which the disability is alleged to limit,
 - c. A detailed description of the service animal suggested/"prescribed" to treat the disability,
 - d. The activities which the suggested/"prescribed" service animal is intended to perform to assist the owner/tenant in overcoming the life function-limitations caused by the disability,
 - e. The reasons that the suggested service animal is preferable to other types of animals, and
 - f. The certification or description of any special training which the suggested service animal may have to address the resident's disability.
4. For service animals addressing an alleged "emotional" or "psychological" disability, a written explanatory letter (detailed above) from a psychiatrist, psychologist, or such other person qualified to give an opinion regarding "emotional" or "psychological" disabilities.
5. Service Animal Annual Registration Form
6. All documentation must be submitted, reviewed, and approved by the Board of Directors prior to the owner/tenant obtaining a service animal and prior to the service animal's presence at the condominium property.

PLEASE NOTE: If there are other ways of reasonably accommodating an alleged disability or other "less intrusive" types of animals which may act as service animals for an alleged disability, the Board may consider same when considering the exemption requested an in granting a "reasonable" accommodation.

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SERVICE ANIMAL ANNUAL REGISTRATION FORM

Owner/Tenant Name: _____

Unit No.: _____ Telephone No.: _____

1. Attach a color photograph of service animal being registered
2. Name, address and telephone no. of service animal's veterinarian:

Name _____ Telephone No. _____

Address _____

City/State/Zip code _____

3. Attach Veterinary certification:
Feline leukemia testing/vaccination
Rabies and other inoculations, when applicable
4. Attach license certificate for dog/cat
5. List emergency boarding accommodations

Name _____ Telephone No. _____

Address _____

City/State/Zip code _____

6. List two alternate caretakers who will assume immediate responsibility for the care of the service animal should the owner become incapacitated.

Name _____ Telephone No. _____

Address _____

City/State/Zip code _____

Name _____ Telephone No. _____

Address _____

City/State/Zip code _____

I hereby certify that the information contained herein or provided herewith is true and accurate.

Signature of Owner/Tenant

Date