**REQUEST FOR AN ASSISTANCE ANIMAL ACCOMODATION**

Date of Visit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # (if known)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number(s) of Applicant E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hawaii\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistance Animal’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type/Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the assistance animal required because of a disability that impairs one or more major life activities? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_

What work or task does the assistance animal perform (response optional for blindness)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Acknowledgement**

* I have read and understand the above questions and hereby affirm that the information is true and correct to the best of my knowledge.
* I have read the Assistance Animal Policy for Koa Lagoon and agree to abide by requirements therein.
* With this form, I enclose true and correct copies of vaccinations and license for my animal, where required.
* I agree to indemnify, hold harmless , and defend the Association and the Association’s agents, directors, and representatives against all liability, judgments, expense (including costs and attorneys’ fees), or claims by third parties for any injury to any person or damage to property of any kind whatsoever caused by my assistance animal.

PRINTED NAME OF APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applications must be submitted* ***at least 30 days prior*** *to your arrival.*

*We look forward to welcoming you and your service animal, and we hope that you may enjoy your stay. Your application will be reviewed and responded to within 14 days.*