

Holy Trinity Lutheran Church  
**SERVICE AND EMOTIONAL SUPPORT ANIMAL POLICY – APPLICATION**

Handler Name: \_\_\_\_\_

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

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

Animal Name: \_\_\_\_\_ Animal Age: \_\_\_\_\_

Animal Breed: \_\_\_\_\_ Spayed / Neutered:    Yes    No

Animal License #: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Vaccinations & Dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rabies Vaccination Date: \_\_\_\_\_

**Any special instructions pertaining to animal:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing below, I state that I have read, understood, and agree to the terms and conditions set forth in the HTLC Service and Emotional Support Animal Policy.**

Handler Name: \_\_\_\_\_ Date: \_\_\_\_\_

Handler Signature: \_\_\_\_\_

**Approval:**

Council President Name: \_\_\_\_\_ Date: \_\_\_\_\_

Council President Signature: \_\_\_\_\_

**This application is good for one year from the date of Council approval.**

*Should a Service or Emotional Support Animal or its Handler fail to comply with these expectations, the Handler will be asked to remove their Service or Emotional Support Animal from HTLC property immediately.*