



SERVICE ANIMAL/EMOTIONAL SUPPORT ANIMAL APPLICATION

CENTURY VILLAGE EAST DEERFIELD BEACH, FLORIDA

Condominium Association, Inc.

Introduction – Reasonable Accommodation Policy

Many people who chose to move into our community have allergies or other health issues related to animals. Therefore, anyone requesting a service or companion animal must follow the application and approval process set forth herein.

You have indicated that you, or a member of your household, need a reasonable accommodation because of a disability/handicap, and that you intend to reside in a Unit located in Century Village East. To protect the health and safety of all residents in our community, it is our responsibility to obtain the necessary information to evaluate the requested accommodation in compliance with the current policies and rules of Century Village East.

Please take this policy and the attached Authorization for Release of Information to your healthcare provider or other appropriate individual, clinic or agency so that a professional with expertise in the area of the disability being claimed and who has personal knowledge of the individual's disability, may provide verification of the disability through the use of the attached forms.

To the extent a disability/handicap is not permanent, we may periodically request additional or updated medical information as it deems necessary, to determine if there is a continued need for the requested accommodation. We may also request updated vaccination records and certificates, as applicable.

Please be aware that some disabilities may be temporary and resolve in time. When that is the case, you will be required to remove the animal after periodic renewal and finding that the disability no longer exists.

Additionally, since an individual's need for an accommodation may change over time as a result of changes in the individual's own level of disability/handicap or impairment, treatments, and/or other circumstances affecting the individual, it is your responsibility to notify us if you need, or no longer need, a reasonable accommodation. Please note that owners are not permitted to have more than one support animal unless the distinction of separate needs for each animal has been established. A separate form is required for each animal.

If your request for a reasonable accommodation is granted, we reserve the right, pursuant to Florida Law, to withdraw this approval at any time should the service animal or emotional support animal become a nuisance to others, which includes, but is not limited to: barking, biting, aggressive behavior, attacking, owner's failure to properly dispose of excrement or waste, failure to comply with all state and local ordinance and statutes, not

maintaining the animal on a leash at all times when outside of the unit, insect/extermination issues and/or sanitation/odor problems.

Additionally, the approval of the animal may be withdrawn if the requesting party is no longer disabled. Further, the applicant/owner is required to provide updated medical information concerning his/her disability (if such disability is not permanent), current and annual vaccination records, immunization and Veterinarian records for the animal, and all certifications or trainings the animal possesses.

Failure to comply with any of these requirements shall be grounds to withdraw the approval of the animal. The animal Owner is solely responsible for all damages caused by the animal, whether to person or property.

All information received in conjunction with a disabled Owner's or Resident's request for reasonable accommodation will be kept confidential in compliance with Florida Statute. **Please turn this form into your building's service management company for processing.**

Patient's Consent for Healthcare Provider's Release of Information

Healthcare Provider's Name:

Address:

City: State: Phone:

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I, hereby provide my consent to my healthcare provider, so that they may speak with an authorized representative of Condominium Association, Inc.

in conjunction with my Service Animal / Emotional Support Animal Application if it is necessary for clarification of statements in the Statement of Qualifying Health Professional. I understand that the only information my healthcare provider is permitted to release is that which is related to my need for the service or companion animal. The healthcare provider will not be requested to state my medical diagnosis, only the ways in which my disability substantially limits one or more major life activities, and the reason(s) I need the animal.

Requesting Party's Signature

Date

Printed Name of Requesting Party

SERVICE ANIMAL / EMOTIONAL SUPPORT ANIMAL REGISTRATION

Owner's Name: Unit #:

Animal's Name:

Breed: Color:

Weight: lbs Animal's Gender: Male Female

Date Animal Was Acquired:

Veterinarian's Name:

Veterinarian's Phone Number:

Emergency Contact's Name:

Emergency Contact's Phone Number:

Does this animal have any individualized training and/or certifications?

Yes No

Please attach the following:

Copy of photograph of the animal

Copy of veterinarian's certification that all shots/inoculations are up to date.

STATEMENT OF QUALIFYING HEALTH PROFESSIONAL

- i. My name is

- ii. I am licensed by
and my license number is

- iii. My practice specialty is

- iv. My office is located at

- v. I am the healthcare provider treating:
 (hereinafter "Patient").
I began treating Patient on

- vi. On or about , I diagnosed Patient with a reasonable degree of medical certainty as suffering from a physical and/or mental disability/handicap. (CIRCLE ALL THAT APPLY).

- vii. Within a reasonable degree of medical certainty, I have concluded that Patient's medical/mental condition substantially limits Patient's major life activities as follows:
(list the major life activities affected by the disability):

- viii. I prescribe a service animal or emotional support animal (CIRCLE ONE) as part of Patient's medical treatment.

- ix. The (service animal / emotional support animal / reasonable accommodation) is medically necessary and will assist Patient and will ameliorate the symptoms of one or more major life activities in the following ways (please state specifics):

- x. It is my medical opinion that Patient is handicapped as that term is defined under the Fair Housing Act and Florida Fair Housing Act*, and the animal is medically necessary to afford Patient an equal opportunity to use and enjoy the unit/home.
- xi. This statement is made to induce

Condominium Association, Inc. to make substantial and material alterations to its use restrictions based upon a medical, mental and/or physiological disability/handicap substantially limiting one or more of Patient's major life activities which does not include current, illegal use or addiction to a controlled substance.

Signature of Health Professional

Printed Name

*The Federal Fair Housing Act (42 U.S.C. 3602) defines the term handicap as follows:

“Handicap” means, with respect to a person -

(1) A physical or mental impairment which substantially limits one or more of such person’s major life activities,

(2) A record of having such impairment, or

(3) Being regarded as having such impairment, but such term does not include current illegal use of or addiction to a controlled substance.

** The Florida Fair Housing Act (Fla. Stat. 760.22) defines the term handicap as follows:

(7) “Handicap” means:

(a) A person has a physical or mental impairment which substantially limits one or more major life Activities, or he or she has a record of having, or is regarded as having, such physical or mental Impairment; or

(b) A person has a developmental disability as defined in s. 393.063.