



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463
Ph: (561) 641-8554 / Fx: (561) 641-9448
Fountains Condominium No. 5

Service Animal/Emotional Support Animal Application Form

If a unit owner, tenant, guest, or resident (or proposed unit owner, tenant, guest or resident), hereinafter "Applicant" has a disability such that they seek a waiver of the Association's Declaration of Condominium no-animal restriction as a reasonable accommodation, then the Applicant must submit this fully completed application to the Association named above and obtain approval thereof from the Association. The Rules and Regulations of the Association are attached to this application and made a part thereof.

A. As used in these rules a "service animal" shall mean a professionally trained animal to assist physically disabled persons in daily life activities including but not limited to seeing-eye dogs and hearing-impaired dogs.

B. As used in these rules an "emotional support animal" shall mean an animal who provides assistance, support or comfort by virtue of its presence which alleviates one or more identified symptom or effects of a person's disability.

C. As used in these rules the term "assistance animal" shall mean both a service animal and an emotional support animal.

1. Please state the full name of the Applicant claiming the disability:

2. Please state the address of the unit where the assistance animal is to be kept after approval:

3. Please state the nature of the disability that the Applicant claims and for which he/she seeks to keep an assistance animal:

4. Please give a description of the assistance animal as follows, (by way of illustration, and not by limitation the following information will be required by the Association: ("Species; Dog Breed: Jack Russell Terrier; Weight 20 pounds; Color: white with brown spots; Name: Rover; licensed/ registered with the County Animal Care & Regulation Division License):

Animal Name: _____ Species: _____

Breed: _____ Color: _____ Weight: _____ Animal License # _____

5. In the case of a service animal please state the name, address and telephone number of all entities or individuals that provided training to the service animal and attach a copy of all certificates, declarations, or the like showing the training provided.

Trainer's name: _____

Trainer's address: _____

Trainers telephone number: _____

6. Please attach a note from the Applicant's health care provider attesting to the need for the assistance animal.

7. Please attach copies of all animal vaccinations to assure compliance with the requirements of state and local ordinances.

The Applicant by his/her signature below agrees to comply with the following:

1. I agree to obey the Rules and Regulations for Assistance animals attached hereto.
2. I agree that if I fail to provide all the requested information, the Association may deny my request for the accommodation.
3. I agree that the Association shall be entitled to conduct an inquiry and meaningful review of my request to the fullest extent permitted by law to verify whether I am disabled and to verify that an accommodation for an assistance animal is reasonable and necessary.
4. I agree that each request by me will be reviewed by the Association on a case-by case basis. This inquiry may be conducted by the Board of Directors or their designated representatives, including their attorney and other designated professionals. I agree that this inquiry may take up to 30 days from the time a fully completed application has been submitted.
5. I agree to indemnify and hold the Association harmless for any damages my assistance animal may cause.

So Agreed:

Applicant _____ **Date:** _____

Signature

Printed Name

Your application is confidential under Section 718.111(12) Florida Statutes.