



San Tropai Building 2 Condominium Owners Association

Assistance/Support Animal Application

San Tropai recognizes the importance of assistance animals as defined by the Americans with Disabilities Act Amendments Act (ADAAA), Section 504 of the Rehabilitation Act, and under the Office of Housing and Urban Development (HUD) and Fair Housing Act (FHA). We strive to provide equal opportunity and accommodations for any individuals with disabilities.

Definitions

A **service animal** is an animal that is trained to perform tasks that benefit an individual with a disability. Tasks include but are not limited to guiding individuals with impaired vision, alerting individuals who are hearing impaired to intruders or sound, pulling a wheelchair, or retrieving dropped items. Currently, the only animals that are recognized as service animals under the Americans with Disabilities Act are dogs that are individually trained to do work or perform tasks for the benefit of an individual with a physical, intellectual, or mental disability.

A **therapy/emotional support animal (ESA)** is an animal that is prescribed by a healthcare or mental health professional to an individual with a disability as part of their treatment plan. A therapy/emotional support animal differs from a service animal in that the animal does not assist the person with activities of daily living, nor does it accompany the individual at all times.

A **pet** is an animal that is owned for regular use and companionship. A pet is not considered a service animal or a therapy/emotional support animal.

1. Tenant information and acknowledgements

Summary of highlighted rights and responsibilities, though not an exhaustive list.

2. Animal information

The animal must be up-to-date on vaccines and licensed when appropriate.

3. Medical provider verification

This document can be written by your licensed health care professional as they wish; the attached form is a guide, not a requirement.

Observable impairments (i.e. walking difficulties or blindness) generally tend to be obvious. Certain impairments, however, especially including impairments that may form the basis for a request for an emotional support animal, may not be observable. In those instances, the Board may request information regarding both the disability and the disability-related need for the animal.

Note: The Board is not entitled to know your individual diagnosis.

The Board's determination for assistance animal accommodations will be provided within 10 days of receiving this documentation.



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Tenant Information and Acknowledgements

Date: _____

Tenant name: _____

Tenant Unit: _____

Phone Number: _____

Email: _____

General

- I understand I do not have to provide my individual diagnosis.
- I understand that I am not required to provide medical records, details about my disability, or treatment information.
- I understand that I am required to provide a medical provider letter.
- I understand that I may request reasonable assistance animal accommodations at any time during my residence in San Tropai Building 2.
- I understand that I will not be required to pay a "pet fee" for the assistance animal.
- I understand that I will be required to pay for any and all damages caused by my assistance animal.
- I understand that I will need to license my animal in accordance to the Village of Palatine requirements.
- I understand that my assistance animal is required to have all current vaccinations set by law.
- I understand that this accommodation can be revoked for, but not limited to: animal aggression, excessive animal noise, lack of housetraining, animal neglect.
- I understand that I am wholly responsible for the care and control of my assistance animal
- I understand that I must provide adequate levels of cleanliness for the health and safety of the animal, myself, and other tenants.
- I understand I will safely and responsibly dispose of my assistance animal's waste.
- I understand my assistance animal shall not be kept, bred, or used for any commercial purpose.
- I understand that I need to have a disability-related need to have more than one assistance animal, and each one will need to be individually evaluated.
- I understand that my service animal must use a harness, leash, or tether, except in cases where the device may prevent the service animal's work or my disability prevents use of these devices.

I have read and understand the statements above.

Print name _____

Sign/Type name _____



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Animal Information

Date: _____
Tenant name: _____
Tenant Unit: _____
Phone Number: _____
Email: _____

This form may not have more than one animal. For additional animals, please complete a separate form.

Name: _____
Breed: _____
Gender: _____
Age: _____
Weight: _____

Is the animal a service animal or a support animal?
What work or task has the animal been trained to perform?

Veterinarian's name: _____
Phone number: _____
Date of most recent rabies vaccination: _____
Date of expiration: _____
Microchip: YES | NO

Cats, dogs, rabbits, and ferrets must be spayed or neutered by six months of age unless the procedure is deemed medically unsafe by a veterinarian and doctor's note is provided.

Date of procedure: _____

Please attach the following, if available:

- Annual Village of Palatine animal license (dog or cat)
- Record of vaccination
- Record of neuter/spay



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Medical provider letter

Date: _____
Tenant name: _____
Tenant Unit: _____
Phone Number: _____
Email: _____

Anything below the line must be completed by the medical provider.

Provider name: _____
Provider address: _____
Provider phone: _____
Provider license number: _____
License date issued: _____
License state: _____

I am a licensed medical/mental health professional treating the tenant's mental or emotional disability.

I certify that the tenant has a mental health related disability listed in the Diagnostic and Statistical Manual of Mental Disorders and is under my care.

I certify that having the animal live with the tenant is necessary to the tenant's mental health or treatment.

This form is active 1 year from the approval date.

For office use only:

Approved/ Denied

Date _____