

DURHAM B CONDO ASSOCIATION
Service or Emotional Support Animal REQUEST FORM

(Please print legibly)

Unit # _____ Owner Name: _____ Date: _____

Animal Type: _____ Height: _____ Weight: _____

Animal Name: _____ Age: _____ Photo attached? Yes _____ No _____

Name of Veterinarian _____ Phone # _____

Address: _____

Vet Email address: _____

Have all necessary vaccinations been performed? Yes _____ NO _____ Copy Provided? Yes _____ No _____

Do you have a license for your animal? Yes _____ No _____ Copy provided? Yes _____ NO _____

Any documented incidents pertaining to your animal within the past 36 months? Yes ___ No ___ Copy? Yes ___ No ___

Does the person seeking to use and live with the animal have a disability? Yes _____ No _____

Does the requestor have a disability-related need for an assistance animal? Yes ___ No ___

Has the animal been trained to work, provide assistance or perform tasks or services? Yes _____ No _____

Do you have medical documentation confirming your medical need for this animal? Yes _____ No _____

Is your physician willing to testify on your behalf in a court of law, should it ever become necessary? Yes ___ No ___

Name of Physician _____ Phone # _____

Physician Address _____

Physician email _____

Have you provided the Board with proof of your Liability Insurance coverage? Yes _____ No _____

I hereby agree to provide the Board with proof of my active liability Insurance coverage each year, upon renewal. I also agree to fully indemnify and hold harmless the Durham B Condo Association, the Board, its officers and/or employees and and/or agents from any and all claims arising out of the ownership or presence of the Service or Emotional Support Animal while on Association property and further fully agree to completely reimburse and pay any and all claims due to injury or property damage brought on as a consequence of any action of a homeowner or a Service or Emotional Support Animal owner's animal causing such damage. I also agree to abide by the Service or Emotional Support Animal Policy and understand that I may lose my deposit if I commit any violations.

Unit # _____ (Continued)

Requestor Signature: _____ Date: _____

Request is _____ (Approved/Denied)

Signed by _____ Board Position: _____

Printed Name: _____ Date: _____

ASSOCIATION SEAL

REQUESTOR IS ASKED TO RETAIN THIS SEALED DOCUMENT FOR THE LIFE OF THE ANIMAL.
PLEASE STORE THIS DOCUMENT IN A SAFE PLACE