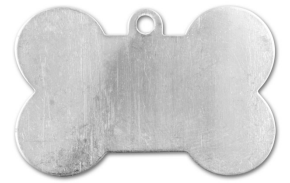




# Assistance/Service Animal Pet Application

Tag #



Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Apartment # \_\_\_\_\_

Resident(s) name: \_\_\_\_\_

Phone number: Main # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Type of animal  Cat  Dog  Other

Micro-Chipped:  Yes  No

Animal's name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_

A **copy** of the information below must be presented to Highland Hills office from the Veterinarian providing the following information:

- Name of Clinic ● Veterinarian's name ● Phone number ●
- Date of CURRENT Rabies vaccination ●
- Date & type of other vaccinations given ● Date spayed or neutered ●

Signature \_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

**Office use only:**

Assistance Animal\*

Service Animal\*

*Additional forms required\**

Certification from vet received on \_\_\_\_/\_\_\_\_/\_\_\_\_

Management Signature \_\_\_\_\_

Highland Hills Apartments  
1340 Warren Street  
Mankato, MN 56001

(p) 507-388-9351

[www.highlandmankato.com](http://www.highlandmankato.com)

**Location.Variety.Affordability**



# Assistance/Service Animal Lease Addendum

**Highland Hills follows all guidelines of the FHAct and Section 504 of the Rehabilitation Act of 1973 and the ADA with respect to animals that provide assistance to individuals with disabilities.**

- \_\_\_\_\_ 1. **If you are bringing an assistance/service animal into a multi-resident unit, all residents must sign a joint lease and sign the Roommate(s) Pet Authorization Addendum.**
- \_\_\_\_\_ 2. Only the following described assistance/service animal will reside in the unit: \_\_\_\_\_
- \_\_\_\_\_ 3. The resident will sign the Reasonable Accommodation Verification Form for the assistance/service animal.
- \_\_\_\_\_ 4. The assistance/service animal must be properly licensed and have current shots and/or vaccinations as required by state statute or regulations at all times. This includes being spayed/neutered.
- \_\_\_\_\_ 5. **All cats and dogs must be registered with Highland Hills before the pet is moved into the apartment.**
- \_\_\_\_\_ 6. **The Highland Hills Pet tag must be worn at all times.**
- \_\_\_\_\_ 7. No assistance/service animal with a history of aggressive, threatening or violent behavior will be allowed.
- \_\_\_\_\_ 8. The assistance/service animal will not be allowed out of my unit except when under my (or, if applicable, my care provider's) direct control and authority.
- \_\_\_\_\_ 9. *The assistance/service animal will not be chained or tied in any way to the exterior of the building.*
- \_\_\_\_\_ 10. The assistance/service animal will not be allowed to use any part of the building for depositing waste. Should this occur accidentally, resident will immediately pick up the waste.
- \_\_\_\_\_ 11. Any animal waste that may accumulate inside a tray inside the unit will be disposed of properly and promptly. Resident agrees to immediately clean up and properly dispose of any animal waste deposited on the grounds of the grounds of the unit/property. Failure to comply will result in a ***\$50.00 fine per incident.***
- \_\_\_\_\_ 12. The assistance/service animal will not be allowed to make excessive noise or engage in threatening conduct which might disturb the other residents.
- \_\_\_\_\_ 13. Resident agrees to immediately notify the landlord of any personal injury or property damage caused by the animal and further agrees that any damages attributed to the assistance/service animal will be paid promptly by resident.
- \_\_\_\_\_ 14. Any change of assistance/service animal will require a new agreement.
- \_\_\_\_\_ 15. Resident or any guest or invitee of resident shall indemnify and hold landlord, and its employees, harmless from and against any actions, suits, claims and demands, including legal fees, costs and expenses, arising from damage or injury to any person or property of others by any assistance/service animal.
- \_\_\_\_\_ 16. Resident agrees not to leave the animal unattended for more than 12 hours. In the event the animal is left unattended for more than 12 hours, the landlord may enter the premises of the Resident, remove such animal and turn it over to the shelter or other appropriate authorities.
- \_\_\_\_\_ 17. *This agreement shall become an addendum to the original lease agreement between resident and landlord.*

\*\*\*\*\*

- Cats are allowed in all buildings on the property. Dogs are allowed in predetermined areas only. Check in the office to ensure you are in a dog area prior to purchasing a dog.
- **NO PETS** other than cats and dogs are allowed at Highland Hills.
- Be aware of your neighbors and try to keep pets quiet, especially at night.
- This form is a part of your lease. Please also refer to the pet section of the Resident Handbook. Failure to comply with our pet policy may result in fines and/or eviction.

\*\*\*\*\*

By signing below, the above-mentioned resident certifies that the assistance/service animal has no history of aggressive, threatening or violent behavior and agrees to the above provisions. Resident understands that permission to keep the assistance/service animal can be revoked if there is a failure to comply with the rules and regulations above or if resident permits support animal to become a nuisance. Upon revocation of this notice of this Agreement, the resident must permanently remove the animal from the premises within seven (7) days from date of notice. Failure to do so may result in termination of lease.

Signature \_\_\_\_\_  
(Resident)

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Leasing Management)

Date \_\_\_\_\_



# Roommate(s) Pet Authorization Addendum

I/We, the resident(s) of apartment # \_\_\_\_\_ do hereby authorize the following pet and/or assistance/service animal to reside in said apartment for the lease term of:

\_\_\_\_\_, 20 \_\_\_\_\_ through \_\_\_\_\_, 20 \_\_\_\_\_.

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Pet Name	Species/Type
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_____ Roommate Signature	_____ Date
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_____ Roommate Signature	_____ Date
-----------------------------	---------------

_____ Roommate Signature	_____ Date
-----------------------------	---------------

_____ Roommate Signature	_____ Date
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# Reasonable Accommodation Verification Form

## Request for Assistance/Service Animal

Highland Hills follows all guidelines of the FHAct and Section 504 of the Rehabilitation Act of 1973 and the ADA with respect to animals that provide assistance to individuals with disabilities.

**TO BE COMPLETED BY RESIDENT:**

RETURN TO HIGHLAND HILLS OFFICE TO SEND TO DR./HEALTH CARE PROVIDER

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Property Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

Doctor or Health Care Provider Name: \_\_\_\_\_

Provider's Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, I authorize the above stated Doctor or Health Care Provider to provide this information and return to Highland Hills Management.

**TO BE COMPLETED BY DOCTOR OR HEALTH CARE PROVIDER:**

HIGHLAND HILLS TO SEND TO DR./HEALTH CARE PROVIDER

The Patient listed above has requested our permission to keep an assistance/service animal at our property. To process this request, we must verify that the individual qualifies as "disabled" under federal law and requires the animal to have an equal opportunity to use and enjoy the site.

The Federal Fair Housing Act defines a disable person as one who has "(1) a physical or mental impairment which substantially limits one or more of such a person's major life activities, (2) a record of having such an impairment, or (3) being regarded as having such impairment."

- 1. The Patient is currently under my professional care.  Yes  No
- 2. The Patient is a disable person pursuant to the above definition from the Fair Housing Act.  Yes  No
- 3. The Patient has a disability-related need for an assistance/service animal to assist with the day-to-day functional limitations relating to the disability.  Yes  No

If you answered "YES" to ALL questions above, please continue. If you answered "NO" to ANY question, sign and return.

Describe how the animal will be used to address the symptoms of the disability (i.e. alert resident to medical conditions such as seizures or emergencies, reduce stress of isolation caused by the disability, etc.):

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\*\*\*\*\*

Thank you for your prompt response. All information is confidential. Please return to:

Name: Leslie A. Thomas Title: Resident Manager/HR Manager Phone: 507-388-9351

Fax: 507-388-1616 Email: leslie@highlandmankato.com