

Harbour Isle at Hutchinson Island East Condominium Association, 6-A Harbour Isle Drive  
East, Ft. Pierce, Florida 34949

**ASSISTANCE ANIMAL / EMOTIONAL SUPPORT ANIMAL / THERAPY DOG  
APPLICATION**

This form may be utilized to request that Harbour Isle at Hutchinson Island East Condominium Association, Inc. provide a reasonable accommodation to you, a member of your household, or a guest who has a disability/handicap. For the purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you, a member of your household, or a guest may be a "qualified individual with a disability/handicap." Once completed, you may return this form to the Association.

\_\_\_\_\_

Date of Request

\_\_\_\_\_

Email Address

\_\_\_\_\_

Name of Applicant/Resident/Participant

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip Code

1. I am a person (or am representing a person) with a disability/handicap as defined by one or more of the following: ***A physical or mental impairment that substantially limits one or more major life activities; or a record of having such impairment; or is regarded as having such impairment.***
2. As a result of this disability/handicap, I am requesting the following reasonable accommodation(s) on behalf of: \_\_\_\_\_:

\_\_\_ A. **Assistance Animal (other than an Emotional Support Animal).** An Assistance Animal is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability that alleviates one or more identified symptoms or effects of a person's disability. Assistance Animals perform many disability-related functions, including, but not limited to, guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing protection or rescue assistance, pulling a wheelchair, fetching items, or alerting persons to impending seizures.

\_\_\_ B. **Emotional Support Animal.** An Emotional Support Animal is an Assistance Animal that provides emotional support to persons who have a disability-related need for such support.

\_\_\_ C. **Therapy Dog.** A therapy dog is owned by someone other than a condominium unit owner or resident and is trained to provide comfort, affection, companionship or stimulation to third persons. The dog interacts with persons with disabilities, but it not partnered with a particular person.

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3. My reason(s) for requesting this reasonable accommodation:

As applicable, I have provided verification of the disability/handicap from a health care practitioner or provider.

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## **ASSISTANCE ANIMAL / EMOTIONAL SUPPORT ANIMAL / THERAPY DOG APPROVAL PROCESS**

**To assist the Association with processing your request, the Association request that you complete the following:**

- \_\_\_1. Fill out in its entirety the first 2 pages of this application “Assistance Animal / Emotional Support Animal / Therapy Dog Application” (pages 1-2).
- \_\_\_2. Sign, print and date the page titled “Policies and Procedures for Maintaining an Assistance Animal / Emotional Support Animal” (pages 4).
- \_\_\_3. Fill in the blanks along with signature on “Assistance Animal / Emotional Support Animal / Therapy Dog Application” (pages 6-7).
- \_\_\_4. Provide a letter from a qualifying health professional in support of your request.
- \_\_\_5. Provide a color copy photograph of the animal.
- \_\_\_6. Provide a copy of the veterinarian’s certification that all shots /inoculations are up to date.
- \_\_\_7. Return the completed application to the Association’s Board of Directors or its designee whose information is located at the top of each page.

### **Annual follow-up that may be required by the Board of Directors:**

- Annual Assistance Animal/Emotional Support Animal/Therapy Dog Certifications (*if applicable*)
- Vaccination record updates
- Review of ongoing needs (*Emotional Support Animal and Therapy Dog only, if applicable*)
- Review of any complaints regarding Assistance Animal/Emotional Support Animal/Therapy Animal

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**POLICIES AND PROCEDURES FOR MAINTAINING AN ASSISTANCE  
ANIMAL / EMOTIONAL SUPPORT ANIMAL / THERAPY DOG**

Should a request for a reasonable accommodation be granted, the Association reserves the right, pursuant to Florida Law, to withdraw this approval at any time should the assistance animal, emotional support animal, or therapy dog 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, walking the dog in prohibited areas, 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, all certifications or trainings the animal possesses, and to maintain an identification tag on the animal **on an annual basis**, or as required by the Board of Directors.

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

**I have received and read a copy of this Policy and Procedures for Maintaining an Assistance Animal / Emotional Support Animal / Therapy Dog, and I agree to abide by the regulations. I bear full responsibility for the assistance animal / emotional support animal / therapy dog. I agree to indemnify and hold harmless the Board of Directors, Association, Owners, and Occupants of the Unit against any loss, claim, or liability of any kind or character whatsoever arising from owning or maintaining a assistance animal / emotional support animal / therapy dog in the Unit, Limited Common Elements, or Common Elements.**

\_\_\_\_\_  
Requesting Party's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Requesting Party

## **REASONABLE ACCOMMODATION POLICY**

You have indicated that you, or a member of your household, need a reasonable accommodation because of a disability/handicap in connection with a condominium unit located at Harbour Isle at Hutchinson Island East. This Association has specific rules regarding pets and animals. Many owners purchased a residence in this Condominium due to the strict policies regarding pets and animals. Therefore, in order to protect the health and safety of all residents at Harbour Isle at Hutchinson Island East, it is the responsibility of the Association to obtain information in order to evaluate whether a requested accommodation to the current policy is necessary.

If an individual's disability/handicap is readily apparent, the Association will not request any additional information about the requester's disability/handicap. If an individual's disability/handicap is not readily apparent, the Association may request reliable information that reasonably supports that the individual has a disability. Supporting information may include:

1. A determination of disability from any federal, state, or local government agency.
2. Receipt of disability benefits or services from any federal, state, or local government agency.
3. Proof of eligibility for housing assistance or a housing voucher received because of a disability.
4. Information from a health care practitioner, as defined in s. 456.001; a telehealth provider, as defined in s. 456.47; or any other similarly licensed or certified practitioner or provider in good standing with his or her profession's regulatory body in another state but only if such out-of-state practitioner has provided in-person care or services to the tenant on at least one occasion. Such information is reliable if the practitioner or provider has personal knowledge of the person's disability and is acting within the scope of his or her practice to provide the supporting information.
5. Information from any other source that the housing provider reasonably determines to be reliable in accordance with the federal Fair Housing Act and s. 504 of the Rehabilitation Act of 1973.

If an individual's disability-related need is not readily apparent, the Association may request reliable information that reasonably supports the person's need for the particular animal being requested. Supporting information may include:

1. Information identifying the particular assistance or therapeutic emotional support provided by the specific animal from a health care practitioner, as defined in s. 456.001; a telehealth provider, as defined in s. 456.47; or any other similarly licensed or certified practitioner or provider in good standing with his or her profession's regulatory body in another state. Such information is reliable if the practitioner or provider has personal knowledge of the person's disability and is acting within the scope of his or her practice to provide the supporting information.
2. Information from any other source that the housing provider reasonably determines to be reliable in accordance with the federal Fair Housing Act and s. 504 of the Rehabilitation Act of 1973.

If an individual requests to keep more than one assistance animal, emotional support animal, or therapy dog, the Association may request information regarding the specific need for each animal.

An emotional support animal registration of any kind, including, but not limited to, an identification card, patch, certificate, or similar registration obtained from the internet is not, by itself, sufficient information to reliably establish that a person has a disability or disability-related need for an emotional support animal.

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

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 the Association 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.

The Association may request advice from legal counsel concerning any request for a reasonable accommodation. Owner hereby consents to the disclosure of all documentation in support of the request to the Association's legal counsel. The Association will use this information to evaluate your request for a reasonable accommodation. The Association will keep this information confidential. If you choose not to authorize the release of this information, we may not be able to consider your reasonable accommodation request(s).

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**ASSISTANCE ANIMAL / EMOTIONAL SUPPORT ANIMAL / THERAPY DOG  
REGISTRATION**

OWNER'S NAME \_\_\_\_\_ UNIT # \_\_\_\_\_

ANIMAL'S NAME \_\_\_\_\_ BREED \_\_\_\_\_

COLOR \_\_\_\_\_ WEIGHT \_\_\_\_\_  MALE  FEMALE

DATE PET ACQUIRED \_\_\_\_\_ ANIMAL'S TAG NUMBER \_\_\_\_\_

VETERINARIAN NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**I/We understand and agree that the only reason the above assistance animal / emotional support animal / therapy dog is permitted to remain on the property is due to my request for a reasonable accommodation to the current pet policy and the Board of Director's determination that the applicant suffers from a disability/handicap that substantially limits one or more of the Applicant's major life activities and the assistance animal / emotional support animal / therapy dog will alleviate the effects of the disability/handicap.**

***A person who falsifies information or written documentation, or knowingly provides fraudulent information or written documentation, for an emotional support animal under Section 760.27, Florida Statutes, or otherwise knowingly and willfully misrepresents himself or herself, through his or her conduct or through a verbal or written notice, as having a disability or disability-related need for an emotional support animal or being otherwise qualified to use an emotional support animal; commits a misdemeanor of the second degree.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACH:**

- COPY OF PHOTOGRAPH OF THE ANIMAL
- COPY OF VETERINARIAN'S CERTIFICATION THAT ALL SHOTS/INOCULATIONS ARE UP TO DATE