



# Hickory Management Services

a special services real estate company

935 John St. Kalamazoo, MI 49001 P. 269-342-1488 F. 269-385-2089 www.hickorymanagement.com

## Pet / Emotional Support / Service Animal Application

Date: \_\_\_\_\_ Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # : \_\_\_\_\_

Note: This application must be completed in full, in order for agent to consider any pets, emotion support or service animal(s) that tenant / applicant(s) may wish to keep at the referenced property. ANY AND ALL DESIRED ANIMALS must be documented via application, including cats, dogs, birds & or reptiles. Due to increased liability and insurance coverage issues, we will refuse permission to allow certain pure or mixed breed dogs(s) at the rental property as PETS, including the following: German Shepherd, Pit Bull & Bully mixes, Dobermans & Rottweiler, this does not include for a service animal. Photo(s) of animal(s) must be provided at time of application submission, in addition to vet license & registration. By submitting this form, applicant affirms that applicant does not own or intend to possess any dog of the aforementioned breeds as a PET.

Animal Name: _____	Animal Gender: Male Female
Type of Animal: _____ (Dog, Cat, Bird, Reptile)	Canine Breed: _____ (Be specific, including mixed breeds)
Is animal Licensed: _____ Lic# _____	How long is animal ownership? _____
Present age (approx if needed): _____	Present weight: _____
Is Animal Full Grown: _____	Anticipated Mature Weight: _____ lbs.
Shots / Vaccines Current: _____	Is Animal Spayed/ Neutered? _____
Any Behavioral "INCIDENTS?"	Any Physical Alterations or Distinguishing Characteristics?

Hickory Management & our owners abide by state & federal laws associated with "Assistance Animals". These Animals may be classified under a variety of terms, including but not limited to "Service," "Assistance," "Therapy," "Emotional Support," or "Companion" Animals. In order to qualify as an assistance animal for the purposes of application submission, unless need is readily apparent, Applicant / Tenant MUST provide to Hickory Management written communication from a recognized health professional. The communication MUST be on letterhead of similar form which would provide sufficient professional identification, and MUST BE SIGNED BY THE HEALTH PROFESSIONAL. The communication must include the following: 1. That the applicant, tenant, or a member of his/her household is a person with a disability; 2. The need for the animal is to assist the person with that specific disability; and 3. That the animal actually assists the person with that disability. Under no circumstances do we request any details regarding the disability itself. By signing below, APPLICANT / TENANT AUTHORIZES LESSOR / AGENT TO CONFIRM WITH HEALTH PROFESSIONAL THAT THEY ARE THE SIGNATORY OF THE DOCUMENT IN QUESTION.

Proof that an animal is identified as a "Service" animal may be verified with identification card(s) or written documentation adequately substantiating the animal's training in any appropriate category, including but not limited to guide or seeing eye dog, hearing or signal dog, psychiatric service dog, sensory or social signal dog, seizure response dog or any similar training. The same documentation will suffice for miniature ponies & pigs or other various animals trained for similar purpose.

Applicant understands and agrees to the following: 1) All information above is true, correct and comprehensive (including comprehensive description of all dog breeds), 2) Hickory Management is authorized to verify information contained herein (this form constitutes a limited HIPAA release), 3) All intended animals to be granted permission to be on premises are documented on this and/ or other animal application(s), 4) Hickory Management may terminate any contract entered into base upon reliance of any misstatements made herein.

Applicant/ Tenant Signature \_\_\_\_\_

Date \_\_\_\_\_