

## ANIMAL REGISTRATION FORM

Unit Number \_\_\_\_\_ Owner's Name \_\_\_\_\_

Animal's Name \_\_\_\_\_

Breed \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

Color \_\_\_\_\_

Date Animal Acquired \_\_\_\_\_

Animal's Tag# \_\_\_\_\_

Veterinarian \_\_\_\_\_

Does the animal have any specialized training and/or certifications? \_\_\_\_\_ Yes \_\_\_\_\_ No

I/We the owners of \_\_\_\_\_ (name of animal) do hereby certify and understand that pets are strictly regulated at Galt Mile Apartments. I/We understand and agree that the only reason the above service/support animal is permitted an exception to the Corporation's Pet Policy due to \_\_\_\_\_'s request for reasonable accommodation to that policy and the Board of Director's determination that \_\_\_\_\_ suffers from a disability/handicap that substantially limits one or more of the applicant's major life activities and the service/support animal will ameliorate the effects of the disability/handicap.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

My Commission Expires:

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Commission No.:

Attach:

Copy of color photograph of animal

Copy of Veterinarian's Certification that all shots/inoculations are up to date

Copies of the animal's training certificates and/or certifications