

Emotional Support Animal Questionnaire

This housing provider and its property management team are committed to making reasonable accommodations for an Emotional Support Animal (ESA). In order to allow the housing provider to analyze whether a reasonable accommodation can be made, it is necessary that the following information be provided.

Please fully and accurately complete this form. A reasonable accommodation cannot be made until all information requested is provided by the applicant. If the housing provider or its property management team determine that any of the information provided is false or misleading, it will deem the request as fraudulent, may refer the applicant to the appropriate government authority, and may bring a civil suit for any damages sustained as a result of the false or misleading information.

Please attach the following to this Questionnaire:

- 1) The most recent vaccination records for your animal;
- 2) A copy of the animal's city or county license; and
- 3) If the applicant's disability is not readily apparent, please provide a letter from a licensed healthcare professional that complies with the Fair Housing Act and §504 of the Rehabilitation Act of 1973. The letter must have been signed by the licensed healthcare professional within the last year, and current contact information for the licensed healthcare professional must be provided.

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Current Street Address: _____ Unit: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Address and unit # where applicant is seeking a reasonable accommodation:

Accommodation(s) you are requesting from the housing provider:

ANIMAL PROFILE

ATTACH PHOTO OF ESA HERE

ESA Name: _____

ESA Type: _____
(i.e., dog, cat, hamster, etc.)

ESA Age: _____

ESA Weight: _____

ESA Breed: _____

How long have you had ESA: _____

ESA Gender: _____

How did you acquire ESA: _____
(i.e., pet store, shelter, breeder, etc.)

Has the ESA ever been aggressive toward: Adults: Y/N Children: Y/N Other Animals: Y/N

If your answer to any of the foregoing is yes, please provide an explanation of the circumstance surrounding the aggressive behavior:

ESA's Current Veterinarian:

Name: _____

Address: _____

Phone Number: _____

Please provide a list of all locations the ESA has lived at:

Property #1 – DATES - From:_____ To:_____

Address: _____

Name of landlord or property owner: _____

Telephone number of landlord or property owner: _____

Property #2 – DATES - From:_____ To:_____

Address: _____

Name of landlord or property owner: _____

Telephone number of landlord or property owner: _____

Property #3 – DATES - From:_____ To:_____

Address: _____

Name of landlord or property owner: _____

Telephone number of landlord or property owner: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

Please provide any additional information you feel we should consider:

THANK YOU