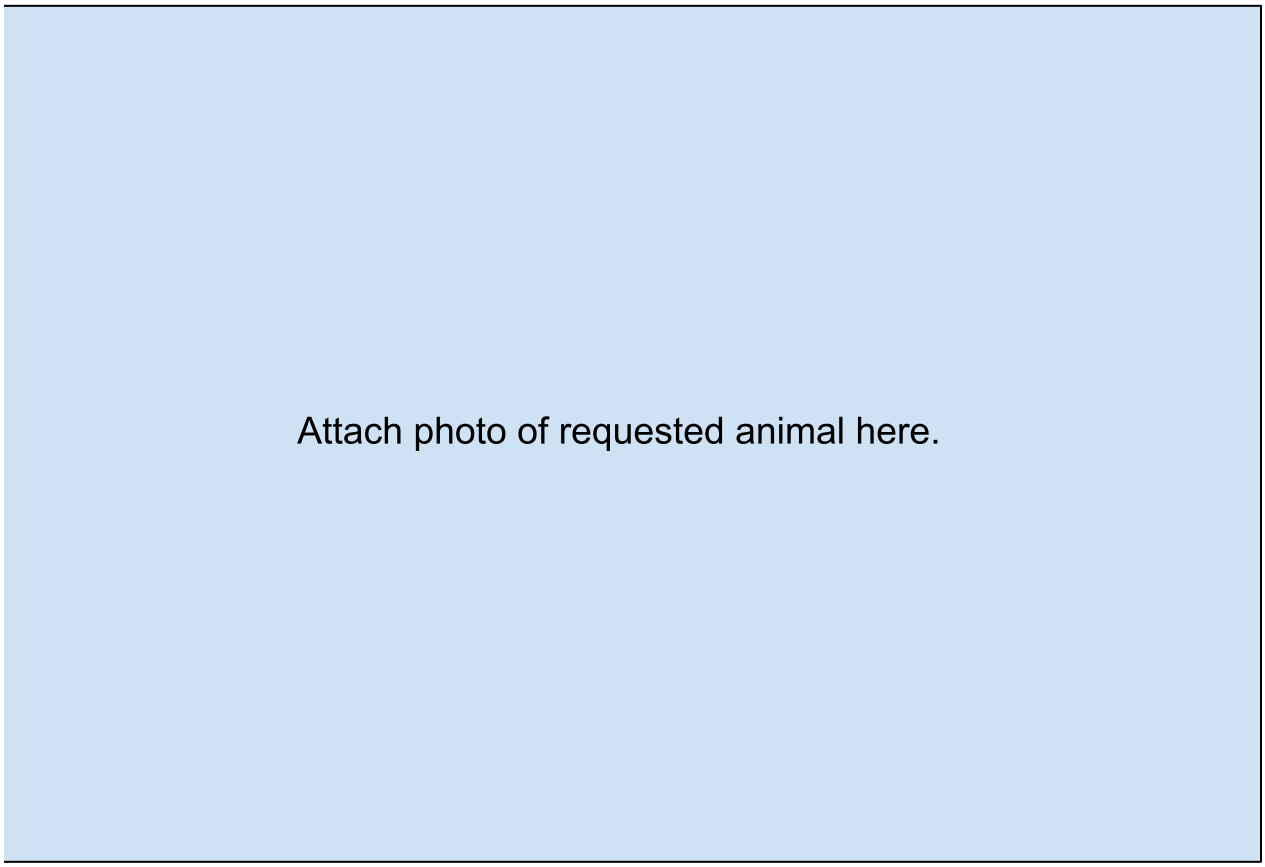
WAIALAE PLACE ANIMAL ASSISTANCE APPLICATION

Unit No:_____ Date:_____

First Name: _____ Last Name: _____

(Required) Email Address: _____

Telephone: _____



The Bylaws prohibit pets, except birds. A disabled resident who does not have an equal opportunity to use and enjoy his/her apartment or the project may be permitted to keep an assistance animal in his/her apartment. To apply for permission to keep assistance animal in your apartment, you must answer the following questions and provide the requested information:

1. **Animal's Information**

   Animal's Name: _____ Type/Breed: _____

   Age: _____ License or I.D.#: _____

2. **Animal's References**

   Has the animal been spayed/neutered? ◯ Yes ◯ No

   Has the animal been vaccinated: ◯ Yes ◯ No

   Vaccination Date

   _____ _____

   _____ _____

   _____ _____

   Veterinarian Name: _____

   Address: _____

   Email: _____ Phone: _____

3. **Do you have liability Insurance:** Yes No

   Agency: _____ Agent: _____

   Address: _____

   Email: _____ Phone: _____

4. **Acknowledgement:** I have read and understand the above questions and the information I have provided in response to the questions, and I hereby affirm that the information is true and correct to the best of my knowledge.

_____ _____

Owner Signature Date Signed

Office Use Only

Last Name:

Apt. No:

Notes: