

ISLE OF TUSCANY NEIGHBORHOOD ASSOCIATION

Service/Emotional Support Animal Approval Process

Checklist for Application for Emotional Support or Service Animal

- _____ A statement of the disability/handicap requiring a Service or Emotional Support Animal.
- _____ A letter from a licensed medical professional that states the existence of the disability/handicap and the need for a Service or Emotional Support Animal to address the specific disability/handicap.
- _____ Proof of License with St. Lucie County including the date issued and the date of expiration and any tag number.
- _____ Proof of Rabies vaccination from a Veterinarian including the date of vaccination and date of expiration.
- _____ Proof of neutering from a veterinarian.
- _____ A legible color photograph of the animal.
- _____ A statement of plans for the housing and care of the animal in the event of a hurricane or in the event that the owner/lessee is away from the property unit due to an emergency, hospitalization or other event.

ISLE OF TUSCANY NEIGHBORHOOD ASSOICATION

C/O Watson Association Management

1648 SE Port St Lucie Blvd.

Port St. Lucie, FL. 34952

Phone (772) 871-0004 Fax: (772) 871-0005

Application/Registration for Service Animal or Emotional Support Animal

Unit Number: _____ Animal Owner's Name: _____

Check: _____ Owner (or) _____ Lessee

Animal's Name: _____

Animal Description (Dog, Cat, etc.): _____

Animal Breed: _____ Animal Color: _____

Animal Weight: _____ Animal Sex: _____ (Male) _____ (Female)

Date Animal Acquired: _____ Neutered: _____ (Yes) _____ (No)

Reason for Animal: _____ Service Animal (or) _____ Emotional Support Animal

Rabies Vaccination

Date of Vaccination: ____/____/____ Date Of Expiration: ____/____/____

Plans for the housing and care of the animal in the event of a hurricane or in the event that the owner/lessee is away from the unit due to an emergency, hospitalization of other event.

Application/Registration for Service Animal or Emotional Support Animal

I, _____ at _____ have received, read, and understand the Isle of Tuscany Rules and Regulations regarding pets/service animals. I agree to fully adhere and abide by the Association rules on pets. I bear full responsibility for the Service/ Emotional Support Animal. Further, I agree to be responsible for any damage to the Association property caused by owning or keeping a Service/Emotional Support Animal, including any damage caused by cleaning agents or chemicals in attempt to remedy such damage. I also understand that if my Service/Emotional Support Animal is deemed a Nuisance by the Association's Board of Director's, the animal will be subject to removal.

Signature Owner/Lessee

Date

Printed Owner/Lessee

Witness

Sworn to and subscribed before me this ____ day of _____, 20__ By _____, who is personally known to me, or who has produced _____ as identification.

Type/Print Name of Notary: _____

Commission Number: _____

Commission Expires: _____