

## SERVICE ANIMAL REGISTRATION

Name of Association: **Briar Creek MHP Phase 1**

Resident Name & Unit Number and/or Address making request:

\_\_\_\_\_  
\_\_\_\_\_

Dog's name \_\_\_\_\_ Breed \_\_\_\_\_

Circle: Male Female Color \_\_\_\_\_ Weight \_\_\_\_\_

Q1. Is the dog a **Service Animal** required because of a disability \_\_\_\_\_

Q2. What work or task has the dog been trained to do \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I/We the owners of \_\_\_\_\_ (name of pet) do hereby certify and understand that pets are not permitted at BC1 "No Pet Section". I/We understand and agree that the only reason the above **SERVICE Animal**, is permitted to remain on the property is due to \_\_\_\_\_'s request for a reasonable accommodation to the 'no pet' policy under the Americans with Disabilities Act (ADA).*

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.

Type/Print Name of Notary: \_\_\_\_\_

Commission Number: \_\_\_\_\_ Commission expires \_\_\_\_\_

**ATTACH THE FOLLOWING: 1) Copy of photograph of pet  
2) Copy of Veterinarian's certification that all shots/inoculations are current**



# EMOTIONAL SUPPORT ANIMAL (ESA) REGISTRATION

Name of Association: **Briar Creek MHP Phase 1**

Resident Name & Unit Number and/or Address making request:

Animal's name \_\_\_\_\_ Breed \_\_\_\_\_

Circle: Male Female Color \_\_\_\_\_ Weight \_\_\_\_\_

Date Pet Acquired \_\_\_\_\_ Pet's Tag Number \_\_\_\_\_

Veterinarian \_\_\_\_\_

Does the animal have any specialized training and/or certification? Y \_\_\_\_\_ N \_\_\_\_\_

*I/We the owners of \_\_\_\_\_ (name of pet) do hereby certify and understand that pets are not permitted at BC1 "No Pet Section". I/We understand and agree that the only reason the above ESA, Emotional Support Animal, is permitted to remain on the property is due to \_\_\_\_\_'s request for a reasonable accommodation to the 'no pet' policy and the determination by a licensed medical professional that substantially limit one or more of the applicant's major life activities and the support animal will alleviate the effects of the disability/handicap. I/We also understand the ESA will not be allowed in the common Recreational areas of BC1, which include(s) the Clubhouse, pool and pool area, etc.*

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.

Type/Print Name of Notary: \_\_\_\_\_

Commission Number: \_\_\_\_\_ Commission expires \_\_\_\_\_

**ATTACH THE FOLLOWING: 1) Copy of photograph of pet**

**2) Copy of Veterinarian's certification that all shots/inoculations are current**