

Assistance Animal Addendum to Residency Agreement

_____ has been approved to have an assistance animal* for a disability and agrees to the following:

1. Only the described animal will reside in the unit:
 - a. Type _____
 - b. Breed _____
 - c. Color _____
 - d. Weight _____
2. The animal is licensed in _____ County.
3. The animal has been vaccinated for _____ (verification).
4. The resident is responsible for the conduct and control of the animal at all times. All behavior of animal must be in compliance with lease agreement or the tenant will be held liable.
5. The resident is responsible for prompt and sanitary disposal of assistance animal waste.
6. The animal must abide by all noise guidance within the lease agreement.
7. The animal will not engage in threatening conduct that ~~that~~ disturbs, threatens, or harms other residents. If the animal does, the resident will be held liable.
8. No deposit is being charged for the animal, but any damage attributed to it will be paid promptly by the resident.
9. In the event that the resident is hospitalized, becomes incapacitated or is, for any reason, unable to care for the animal and fulfill these requirements, _____ will ~~be~~ take immediate responsibility for the animal. Contact information: _____

-
10. Any change of animal will require a new agreement.

By signing my name below, I affirm that I have read and understand the terms of this agreement. I understand that permission to have the animal can be revoked if there is a failure to comply.

Resident Name

Date

*Assistance animals are prescribed for individuals with disabilities and include service, therapy, companion and comfort animals.

