Pineapple Village Service Animal Form

Service Animal Handler's Name:	_ Phone:
Service Animal User's Name (if different from handler):	Phone:
Service Animal Handler's Email:	
Animal's Name	
Description of the Animal (including weight):	
Animal Health	
is vaccinated for rabies. (Insert Animal's Name)	
Date of last vaccination: Date vaccination expires in the dog	::
To my knowledge, does not have fleas/ticks or a disease that wou (Insert Animal's Name)	ld endanger people or other animals.
Veterinarian's Name (signature not required): Pho	one:
Animal Training and Behavior has been trained to do work or perform tasks to assist (Insert Animal's Name)	me with my disability.
Name of Animal Trainer or Training Organization:	Phone:
has been trained to behave in a public setting. (Insert Animal's Name)	(handlers initials)
I understand that a properly trained dog remains under the control of its handler.	(handlers initials)
I understand that a properly trained dog does not act aggressively by biting, barking or other animals.	
I understand that a properly trained dog does not urinate or defecate in non design	(handlers initials) ated areas. (handlers initials)
I understand that ifshows that it has not been properly train (Insert Animal's Name)	ned to behave in public, then PVCA
(Insert Animal's Name) may treat as a pet and will be subject to all PVCA general Pet Pol (Insert Animal's Name)	
	or caused serious injury to another
person/dog. (Insert Animal's Name)	

Other Assurance

I understand that ______ must be harnessed, leashed, or tethered at all times on PVCA property while . (Insert Animal's Name) not inside owners Unit.

(handlers initials)

 I understand that if _________ causes damage, then PVCA may charge me for the cost to repair it, as long as

 . (Insert Animal's Name)

 PVCA would also charge all pet owners without disabilities to repair similar kinds of damage.

 . (handlers initials)

 I am signing an official document and my answers are true to the best of my knowledge.

 . (handlers initials)

 I understand that if I knowingly make false statements on this document, I can be subject to fines and other penalties.

 . (handlers initials)

Signature of the Service Animal Handler: _____

Date: _____