

**Companion/Emotional Support Animal Request/Verification**

**PART A**

Date: \_\_\_\_\_ Name of Applicant/Tenant: \_\_\_\_\_

To: (Physician, Psychiatrist, social worker, or other mental health professional)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

**VERIFICATION REQUEST:** The household named above has applied for, or is residing in an apartment at \_\_\_\_\_ and has requested to keep a "companion" animal at the site, based on a disability. We are required to verify that the household member is eligible for the accommodation requested. We would appreciate you taking the time to provide the information requested below. If you have any questions please contact me at 518-798-0674.

Sincerely \_\_\_\_\_ Schermerhorn Property Management

**RELEASE:** By my signature below, I hereby consent to the release of information requested.

**PART B**

Signature of Applicant/Resident: \_\_\_\_\_ Date: \_\_\_\_\_

**FEDERAL FAIR HOUSING DEFINITION OF "DISABLED":**

**PART C**

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. The term physical or mental impairment includes but is not limited to such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, HIV, mental retardation, emotional illness, drug addiction and alcoholism. This does not include any individual who is currently a drug addict or an alcoholic and is currently using illegal drugs and alcohol (24CRRF Part 8.3) and HUD Handbook 4350.3, Exhibit 2-2.

**HEALTH CARE PROVIDER VERIFICATION STATEMENT – (MUST BE SIGNED BY A DOCTOR, THERAPIST, PSYCHIATRIST, MENTAL HEALTH PROVIDER OR REHABILITATION COUNSELOR LICENSED IN NEW YORK AND MUST BE CURRENT PATIANT)**

I PROVIDE HEALTH CARE TO \_\_\_\_\_ AND CERTIFY THE FOLLOWING:

The above-named individual is disabled as defined above: \_\_\_\_\_ Yes \_\_\_\_\_ No

In your professional opinion, does the above named household member require a "companion" animal at the site in order to have the same opportunity that a non-disabled individual has to use and enjoy the site? \_\_\_\_\_ Yes \_\_\_\_\_ No Type of Animal: \_\_\_\_\_

Name of Health – Care Provider: \_\_\_\_\_ NYS License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Schermerhorn completes Part A – Applicant completes Part B*

*Doctor complete Part C and fax back to 518-743-9653 or email [acronin@schmerhornholdings.com](mailto:acronin@schmerhornholdings.com) along with a CAMPANION ANIMAL LETTER*

*Please return this form within 3 business days if possible so we may complete our review of application*

## *Sample letter for Companion Animal*

DATE

NAME OF PROFESSIONAL (therapist, physician, psychiatrist, rehabilitation counselor)  
ADDRESS

Dear [HOUSING AUTHORITY/LANDLORD]:

[NAME OF TENANT] is my patient, and has been under my care since [DATE]. I am intimately familiar with his/her history and with the functional limitations imposed by his/her disability. He/She meets the definition of disability under the Americans with Disabilities Act, the Fair Housing Act, and the Rehabilitation Act of 1973.

Due to mental illness, [FIRST NAME] has certain limitations regarding [SOCIAL INTERACTION/COPING WITH STRESS/ANXIETY, ETC]. In order to help alleviate these difficulties, and to enhance his/her ability to live independently and to fully use and enjoy the dwelling unit you own and/or administer, I am prescribing an emotional support animal that will assist [FIRST NAME] in coping with his/her disability.

I am familiar with the voluminous professional literature concerning the therapeutic benefits of assistance animals for people with disabilities such as that experienced by [FIRST NAME]. Upon request, I will share citations to relevant studies, and would be happy to answer other questions you may have concerning my recommendation that [FULL NAME OF TENANT] have an emotional support animal. Should you have additional question, please do not hesitate to contact me.

Sincerely,  
*Signature*

[NAME OF PROFESSIONAL]  
NYS License Number

# Schermerhorn Management Inc.

536 Bay Road, Suite 2 • Queensbury, New York 12804  
518-798-0674 phone  
518-743-9653 fax

## Pet Application/Registration Form

Name of pet owner: \_\_\_\_\_

Apartment community: \_\_\_\_\_

Apartment address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_

(please attach pet photo here)

### Pet Information:

Please list all pets separately

Pet's name	Type/Breed	Age	Weight	Date of Last Rabies Shot	Spayed or Neutered?	License or I.D. #

### Pet References:

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
**(PLEASE PROVIDE COPY OF LAST VET VISIT & PROOF OF SHOT RECORDS)**

### Pet's Emergency Caretaker:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read and understand the landlord's rules pertaining to pets and I, and members of my household, promise to fully comply.

Signature of pet owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization subject to signed Landlord Pet Application/Registration from returned to you:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

*Schermerhorn Management Representative*

**SCHEDULE D**  
**PET RULES AND REGULATIONS**

Pet owners must complete a Pet Application / Registration form before occupying the apartment. You agree to provide a photo of your pet(s) for our file.

1. Resident must agree to abide by all applicable Pet Rules and Regulations.
2. The Pet Rules and Regulations are made a part of this Agreement and a breach of any Pet Rule or Regulation will be a default under this Agreement. In the event of a default of any of these terms Resident agrees, within three (3) days after receiving written notice of default from Landlord, to cure the default. Resident agrees that Landlord may revoke permission to keep pet(s) on the premises by giving Resident thirty (30) days notice.
3. Resident has completed all sections of the Pet Application & Registration form pending signed approval by the Landlord representative permission to keep the pet(s) specified above agree to the following terms and conditions:
  - a. **NO PUPPIES OR KITTENS** (must be 1 year old)
  - b. Pets may not be kept, bred or used for any commercial purpose. All pets must be spayed or neutered.
  - c. Pets must be confined to the pet owner's Apartment, must not be allowed to roam free and may not be tied unattended in any common area. All pets must be kept on a leash when outside the Apartment and walked away from the building to the Community perimeters or to wooded areas.
  - d. Persons who walk pets must immediately remove and properly dispose of any feces deposited by your pet. Cat litter may not be disposed of in toilets.
  - e. If your pet is or becomes a nuisance or threat to other residents or destroys property within the Apartment or Community, we may revoke our permission for you to keep your pet, immediately in the case of an emergency, or otherwise on five (5) days' notice to you. Examples of nuisance include (but are not limited to) personal injury or property damage, making noise continuously and/or incessantly for a period of 10 minutes or intermittently for 1/2 hour or more to the disturbance of any person at any time of day or night, pets in common areas who are not under the complete control of a responsible person and on a short hand leash or in a pet carrier, animals who relieve themselves on walls or floors of common areas, animals who exhibit aggressive or vicious behavior, pets who are conspicuously unclean or parasite-infested.
  - f. The pet will be allowed out of the premises only under the complete control of a responsible person and on a hand held leash or in a pet carrier.
  - g. Any damage to the exterior or interior of the premises, grounds, flooring, walls, trim, finish, tiles, carpeting, or any stains, etc. caused by pet will be the full responsibility of the Resident and that Resident agrees to pay all costs involved in the restoration to its original condition. If because of any such stains, etc., said damage is such that it cannot be removed, than Resident hereby agrees to pay the full market cost of replacement.
  - h. It is also understood if any fleas or ticks are discovered while Resident is residing or after vacating the premises all costs incurred by Landlord's to fumigate will be at the expense of the Resident.
  - i. Resident will provide adequate and regular veterinary care of pet, ample food and water, and will not leave pet unattended for any undue length of time. Resident will diligently maintain cleanliness of litter pans, sleeping and feeding areas.

j. It is further understood and agreed that if efforts to contact the Resident are unsuccessful, the Landlord or the Landlord's agents may enter Resident's apartment if there is reasonable cause to believe an emergency situation exists with respect to the pet. Examples of an emergency situation include abuse, abandonment, or any prolonged disturbance. If it becomes necessary for the pet to be put out for board, any and all costs incurred will be the sole responsibility of the Resident.

k. Resident agrees to indemnify, hold harmless, and defend Landlord or Landlord's agents against all liability, judgments, expense (including attorney's fees), or claims by third parties for any injury to any person or damage to property of any kind whatsoever caused by the Resident's pet(s).

l. Resident understands neither the Pet Rent(s) paid nor the Non-Refundable Pet Permission Fee(s) paid can or will be utilized to offset against any charges incurred as a result of your pet(s) as noted in Paragraph g above i.e. damages, repairs, or full replacement costs.

*ONLY the pet(s) listed on page one & approved by Landlord may reside in unit:*

I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF THIS PET ADDENDUM.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord: \_\_\_\_\_ Date: \_\_\_\_\_

*Schermerhorn Management Representative*