Reef Club Condominium Association

Service / Emotional Support Animal (ESA) Registration

Unit Number/Building______________________________________________________________
Owner’s Name ____________________________________________________________________

SUPPORT ANIMAL
Name ____________________________________________ Breed _________________________
Female _______ Male _______ Color ________ Age _______ Weight _______________
Date Support Animal was Acquired __________________
Service/ESA’s Tag# ______________________________
Veterinarian (Name) ____________________________ Telephone # ______________________

Does The Support Animal Have Any Specialized Training and/or Certifications?
Yes____ No_____
(Please attach copies of certificates and description of training)

I/WE, the Owners of _________________________________ (Name of Service/Emotional Support
Animal) do hereby certify and understand that there are policies at The Reef Club Condominium
Association, Inc. that regulate the size and access of companion animals. A support animal is
permitted to remain on the property in violation of these restrictions due to
__________________________’s request for a reasonable accommodation to the policies and
the Board of Director's determination that ______________________________ suffers from a
disability/handicap that substantially limits one or more of the applicant's major life activities
and the service/ESA will ameliorate the effects of the disability/handicap. As the owner of said
animal, I take full responsibility for its behavior and will abide by the condo rules and
regulations regarding appropriate animal protocol (Rules & Regs XIII.4-9).

_________________________________________  ______________________________
Signature                                           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:
-Photographs (two perspectives) of the service/emotional support animal.
-Veterinarian's certification that all shots/inoculations are up to date.
-Completed form from health professional who authorized/prescribed service/emotional animal

COMPLETE AND BRING TO MANAGEMENT OFFICE