

NOTE: Form shall be provided to Shorewood property management within three business days of any changes.



Animal Registration Form

Unit Number:

Date:

Complete form if animal(s) will live on premises

Unit Owner (or Tenant) Name(s): _____

Telephone #: _____ **Cell #:** _____ **E-mail:** _____

FIRST ANIMAL/PET: **Animal's/Pet's Name:** _____

Animal's/Pet's Species: _____ **Breed:** _____

Animal's Weight: _____ (shall not exceed 35 pounds)

This pet is a(n) *check one*: **Service Animal** **Emotional Support Animal** and is exempt from weight restrictions for Reasonable Accommodation that is made necessary due to a disability or disability-related need as required by the Fair Housing Act (FHEO-2020-01). Attach documentation letter of disability or disability-related need from a licensed Physician to this Form. (This documentation shall be provided in order to receive Reasonable Accommodation and/or weight exemption.)

Veterinarian's Name: _____ **Phone #:** _____

SECOND ANIMAL/PET: **Animal's/Pet's Name:** _____

Animal's/Pet's Species: _____ **Breed:** _____

Animal's Weight: _____ (shall not exceed 35 pounds)

This pet is a(n) *check one*: **Service Animal** **Emotional Support Animal** and is exempt from weight restrictions for Reasonable Accommodation that is made necessary due to a disability or disability-related need as required by the Fair Housing Act (FHEO-2020-01). Attach documentation letter of disability or disability-related need from a licensed Physician to this Form. (This documentation shall be provided in order to receive Reasonable Accommodation and/or weight exemption.)

Veterinarian's Name: _____ **Phone #:** _____

COMPLETE NEXT PAGE OF THIS FORM

Animal Registration Form (continued)

A CURRENT COLOR PHOTOGRAPH OF EACH ANIMAL/PET MUST BE SUBMITTED WITH THIS APPLICATION. ALSO PROVIDE PROOF OF CURRENT VACCINATIONS, WEIGHT AND REGISTRATION.

NOTE:

1. Resident accepts full responsibility for all property damage and/or personal injury caused by the animal/pet.
2. Said animal/pet shall never be allowed to freely roam Shorewood premises without being leashed and in the company of an individual willing and able to fully control it. In its exercise and relief, it shall be at all times under full leash control, considerate of the interests and sensibilities of fellow Shorewood residents, their guests and all others.
3. Stray animals will be picked up by Brevard County Animal Services.
4. The Shorewood Association reserves the right to remove the pet from the premises if the resident fails to adhere to the rules.

I hereby agree to adhere to the current Shorewood rules regarding animals/pets - Section B2 of the Shorewood Rules, Guidelines and Information:

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

NOTE: This Form shall be updated and submitted to Shorewood property management within three (3) business days of any changes in animal status.

APPROVED: Yes No **DATE:** _____, 20_____

BY: _____ **TITLE:** _____

End of Form