

DeDe's Rentals & Property Management, Inc.
1311-A West Steele Lane, Santa Rosa, CA 95403
(707) 523-4500 fax: (707) 523-0948
e-mail: rentals@dedesrentals.com

APPLICANT/TENANT NAME: _____

PROPERTY LOCATION: _____

PET/ASSISTANCE/SERVICE ANIMAL APPLICATION

NOTE: This application must be completed in full, in order for lessor to consider any pets or assistance animals that tenant/applicant(s) may wish to keep at the referenced property. ANY AND ALL DESIRED ANIMALS must be documented via application, including cats, dogs, birds, fish, gerbils, and/or reptiles. Due to increased liability and insurance coverage issues, lessor will refuse permission to allow certain pure- or mixed-breed dog(s) at the rental property AS PETS, including the following: Akita, Cane Corso, Chow, Doberman, German Shepherd, Husky, Malamute, Mastiff, Pit Bull/most "Bully" mixes, Presa Canario, Rottweiler, Staffordshire Terrier, or Wolf/Wolf Hybrid/Wolf Dogs. Photo(s) of animal(s) must be provided at time of application submission, in addition to vet license/registration. By submitting this form, applicant affirms that applicant does not own or intend to possess any dog of the aforementioned breeds (whether pure- or mixed-breed) AS A PET.

ANIMAL NAME: _____	ANIMAL GENDER	MALE	FEMALE
TYPE OF ANIMAL: _____ (Dog, Cat, Bird, Hamster, etc.)	CANINE BREED: _____	(Be specific, including mixed breed)	
IS ANIMAL LICENSED? _____ LIC # _____	HOW LONG IS ANIMAL OWNERSHIP? _____		
PRESENT AGE (approx if needed) _____	PRESENT WEIGHT: _____ pounds		
IS ANIMAL FULL-GROWN? _____	ANTICIPATED MATURE WEIGHT: _____ lbs		
SHOTS/VACCINES CURRENT? _____	IS ANIMAL SPAYED/NEUTERED? _____		
ANY BEHAVIORAL "INCIDENTS?" (Please explain in detail)			
ANY PHYSICAL ALTERATIONS OR DISTINGUISHING CHARACTERISTICS?			

DEDE'S RENTALS AND OUR OWNERS ABIDE BY STATE AND FEDERAL LAWS ASSOCIATED WITH "ASSISTANCE ANIMALS." THESE ANIMALS MAY BE CLASSIFIED UNDER A VARIETY OF TERMS, INCLUDING BUT NOT LIMITED TO "ASSISTANCE," "THERAPY," "EMOTIONAL SUPPORT" OR "COMPANION" ANIMALS. IN ORDER TO QUALIFY AS AN ASSISTANCE ANIMAL FOR THE PURPOSES OF APPLICATION SUBMISSION, UNLESS NEED IS READILY APPARENT, APPLICANT/TENANT MUST PROVIDE TO DEDE'S RENTALS WRITTEN COMMUNICATION FROM A RECOGNIZED HEALTH PROFESSIONAL. THE COMMUNICATION MUST BE ON LETTERHEAD OR SIMILAR FORM WHICH WOULD PROVIDE SUFFICIENT PROFESSIONAL IDENTIFICATION, AND *MUST BE SIGNED BY THE HEALTH PROFESSIONAL*. THE COMMUNICATION MUST INCLUDE THE FOLLOWING: (1) THAT THE APPLICANT, TENANT, OR A MEMBER OF HIS/HER HOUSEHOLD IS A PERSON WITH A DISABILITY; (2) THE NEED FOR THE ANIMAL TO ASSIST THE PERSON WITH THAT SPECIFIC DISABILITY; AND (3) THAT THE ANIMAL ACTUALLY ASSISTS THE PERSON WITH THAT DISABILITY. UNDER NO CIRCUMSTANCES DO WE REQUEST ANY DETAILS REGARDING THE DISABILITY ITSELF. BY SIGNING BELOW, APPLICANT/TENANT AUTHORIZES LESSOR/AGENT TO CONFIRM WITH HEALTH PROFESSIONAL THAT THEY ARE THE SIGNATORY OF THE DOCUMENT IN QUESTION.

PROOF THAT AN ANIMAL IS IDENTIFIED AS A "SERVICE" ANIMAL MAY BE VERIFIED WITH IDENTIFICATION CARD(S) OR WRITTEN DOCUMENTATION ADEQUATELY SUBSTANTIATING THE ANIMAL'S TRAINING IN ANY APPROPRIATE CATEGORY, INCLUDING BUT NOT LIMITED TO GUIDE OR SEEING EYE DOG, HEARING OR SIGNAL DOG, PSYCHIATRIC SERVICE DOG, SENSORY OR SOCIAL SIGNAL DOG, SEIZURE RESPONSE DOG OR ANY SIMILAR TRAINING. THE SAME DOCUMENTATION WILL SUFFICE FOR MINIATURE PONIES TRAINED FOR SIMILAR PURPOSE.

Applicant understands and agrees to the following: 1) All information above is true, correct and comprehensive (including comprehensive description of all dog breeds), 2) DeDe's Rentals is authorized to verify information contained herein (this form constitutes a limited HIPAA release), 3) all intended animals to be granted permission to be on premises are documented on this and/or other animal application(s), 4) Lessor may terminate any contract entered into based upon reliance of any misstatements made herein.

Applicant/Tenant Signature

Date