

AOAO THE VILLAGES AT WAIPIO

ASSISTANCE ANIMAL REGISTRATION FORM

Date of Application _____

Unit # _____

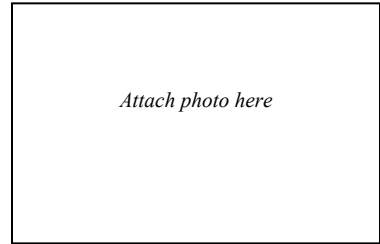


Photo of Animal

Name of Occupant Needing Assistance Animal:

Phone _____

Phone _____

1. Assistance Animal's information

Assistance Animal's Name _____ Type/Breed _____

License or I.D., or Microchip # (if applicable) _____

2. Please attach a copy of the assistance animal's vaccination record (if applicable).

3. If physical controls (i.e., harness, leash, tether or cage) interfere with the assistance the animal is providing, please state the method used to control the assistance animal:

4. Information

I understand and agree that all financial and other responsibility for any personal injury or property damage caused by the Assistance Animal shall be solely mine, and I indemnify the Association of Apartment Owners of The Villages at Waipio and hold it harmless against any loss, damage or liability of any kind arising from the keeping of the Assistance Animal at The Villages at Waipio.

Acknowledgment: I have received a copy of the Association's Rules and Regulations for Assistance Animals, and have reviewed and understand them. I also read and understand the information requested in the lines above.

Signature of Unit Occupant Needing the Assistance Animal

Date

Signature of Parent or Guardian if Unit Occupant Needing
the Assistance Animal is a Minor

Date