

Residents Name: _____ Address: _____

Emotional Support Animal (ESA) Application

Breed: _____ ESA Name: _____ Weight: _____ Age: _____

Male/Female: _____ Spade/Nuetered: _____ Declawed: _____

Describe ESA temperament: _____

Does the ESA stay in a kennel while resident is gone? _____ Is someone home during the day to tend to ESA? _____

Did you have your ESA at your previous residence? _____ How long have you owned the ESA? _____

Name & address of previous landlord: _____

Phone # of previous landlord: _____

Veterinarian Information

Name of Veterinarian: _____ Phone #: _____

Address: _____ City: _____ State: _____

Office Checklist

Complete Vet Records(Must include age,weight,vaccination records, spade/nuetered, & declawed (feline))

Current Photo of pet / Vet Letter of ESA

The undersigned understands that permission to have a ESA is not granted until the ESA application is approved, the ESA application is signed by an authorized agent of HPI, the ESA application fee & pet deposit is paid in full, and proof of renters insurance as outlined in the ESA permission form has been provided. Unless all of the above conditions have been met, an ESA is not allowed under any circumstance as stated in the original lease agreement. The undersigned hereby certifies that the above information is correct & said information will be relied upon in granting or denying the approval of this application. The undersigned hereby authorizes HPI, or its agents to investigate as necessary the above information and hereby authorizes the release of the information from previous landlords and/or veterinarians. **ESA application or ESA fee and/or deposit is not transferable to another ESA or property.**

Tenant Date

Landlord Date

Tenant Date