

EMOTIONAL SUPPORT ANIMAL (ESA) ACCOMMODATION REQUEST & PET FEE WAIVER

SECTION 1 — TENANT INFORMATION

Tenant Name(s): _____

Property Address: _____

Phone: _____ **Email:** _____

SECTION 2 — ANIMAL INFORMATION

Type of Animal: _____

Breed: _____ **Age:** _____

Weight: _____ **Is the animal currently in the home?** Yes No

Date the animal entered the property: _____

SECTION 3 — TENANT ACKNOWLEDGMENTS & WAIVERS

- 1. Temporary Pet Status Until Approval: Until complete ESA documentation is submitted and approved, the animal will be treated as a pet and all standard pet fees, deposits, and pet rules apply.
- 2. No Retroactive Fee Adjustments: ESA approval is not retroactive. Any fees charged prior to approval remain due.
- 3. Required ESA Documentation: Tenant must submit complete ESA documentation consistent with HUD and NC GS §42-47.
- 4. No Guarantee of Approval: Submitting documentation does not guarantee approval.
- 5. Misrepresentation Warning: Misrepresenting an ESA is illegal under NC law and may result in consequences.
- 6. Behavior, Damage, and Liability: Tenant is fully responsible for any damage or issues caused by the animal. ESA approval does **not** waive these responsibilities. Aggressive or dangerous animals are **not permitted**, even if approved as ESA
- 7. Revocation: ESA status may be revoked if documentation is fraudulent or the animal exhibits dangerous, destructive, or disruptive behavior.
- 8. Vaccination Requirement: Tenant agrees that the animal must remain in compliance with all local, county, and state health and safety laws, including required rabies vaccination under NC law, and maintain all other standard veterinary vaccinations.
- 9. Flea/Tick Prevention: Tenant agrees to maintain flea and tick prevention for the animal throughout the tenancy.
- 10. No Additional Animals Covered: This request applies only to the animal listed above.

SECTION 4 — HEALTHCARE PROVIDER INFORMATION

(To be completed by licensed provider.)

Provider Name: _____ Profession: _____

License #: _____ State Licensed: _____

Office Address: _____

Office Phone: _____ Email: _____

By signing below, I affirm the following:

1. **I am a licensed healthcare provider** currently authorized to practice in the state listed above.
2. **I have an ongoing therapeutic relationship with this patient**, and I am personally involved in their care.
3. **I am the individual who authored this documentation**, and I consent to being contacted solely for the purpose of verifying my authorship and professional licensure.
4. **I am not disclosing the patient's diagnosis**, but I certify that the patient has a disability as defined under the Fair Housing Act.
5. **The identified animal provides emotional support that alleviates one or more symptoms or effects of the patient's disability**, consistent with HUD guidelines.
6. The information provided is accurate, truthful, and current.

Provider Signature: _____ Date: _____

Providers Website: _____

SECTION 5 — REQUIRED ADDITIONAL DOCUMENTS CHECKLIST:

- Current rabies vaccination certificate (required by NC law).
- Proof of all other core veterinary vaccinations.
- Proof of active flea and tick prevention.
- Recent photo of the animal.

By signing below, the Tenant acknowledges and agrees to the accuracy of the information provided and to all terms and conditions outlined in Sections 1 through 5 of this request.

Tenant Signature: _____ **Date:** _____

Tenant Signature: _____ **Date:** _____

SECTION 6 — OFFICE USE ONLY

- Approved
- Denied
- Additional Documentation Required

KEYS FOR VET PROPERTY MANAGEMENT

Manager Name:

Signature: _____ **Date:** _____