



SAMI
COM

608 KINGSLEY SUITE A
NORMAL, ILLINOIS 61761
PHONE 888 4600 FAX 888 4607
WWW.SAMI.COM

Psychiatric/Emotional Support Animal Request Instructions

All Forms must be completed before submission.

General Information:

Student Apartment Mart Inc. requires a tenant who has a mental or emotional disability listed in the *Diagnostic and Statistical Manual of Mental Disorders* who wishes to obtain an emotional support animal within the apartment must obtain and submit documentation:

- 1) Prescription letter from licensed Physician ; HUD states the following in its FHEO Notice: "Housing providers may ask individuals who have disabilities that are not readily apparent or known to the provider to submit reliable documentation of a disability and their disability-related need for an assistance animal." (FHEO Notice: FHEO-2013-01 at page 3). Most sources indicate that the request should be in writing and explain how the reasonable accommodation helps or mitigates symptoms of the disability. While the tenant or owner does not need to disclose the disability, he or she will need to provide documentation from a doctor or other health professional. According to HUD, a physician, psychiatrist, social worker, or other mental health professional can provide documentation that the animal provides emotional support that alleviates one or more of the identified symptoms or effects of an existing disability. (FHEO Notice: FHEO-2013-01).
- 2) Medical/Mental Health Professional Form to be completed by a licensed medical/mental health professional
- 3) Tenant Confirmation of Liability and Emotional Support/Psychiatric Service Animal Behavior completed in full
- 4) Veterinary health form to be completed by a licensed Veterinarian.

These forms are valid for one year from the date of the earliest of the signed authorizations

Instructions:

Please hand deliver **ALL** completed forms **BEFORE** the animal is present within apartment. If animal is found in apartment tenant(s) risk receiving a 10-day eviction notice for unauthorized animal in apartment.

Date Received By SAMI: _____ Signature: _____



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Medical/Mental Health Professional Form

<i>Initial</i>	Must be completed by a licensed mental health professional (e.g. psychiatrist, psychologist, licensed clinical social worker) including a medical doctor specifically treating the passenger's mental or emotional disability. (Note: In completing this form, please refer to definitions below.)
	Tenant/Patient name (<i>print</i>): _____ Tenant apartment address: _____
	Animal type: _____ Animal Breed: _____ Animal weight: _____
_____	I certify that the tenant has a mental or emotional disability* listed in the Diagnostic and Statistical Manual of Mental Disorders.
_____	I am a licensed medical/mental health professional currently treating the tenant's mental or emotional disability.
	<i>Medical/mental health professional's license information:</i> Date and type of license: _____ License Number: _____ State or other jurisdiction in which license was issued _____
	Your name (<i>print</i>): _____ Business phone contact: _____ Business email contact: _____ Business Address: _____ City: _____ State: _____ Signature: _____ Date: _____

Definitions – As used on this form, the following terms have the meanings indicated:

**A mental or emotional disability* means a mental impairment that, on a permanent or temporary basis, substantially limits one or more major life activities (see definition below), and includes any mental or psychological disorder, such as an intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disabilities, including but not limited to such conditions as emotional illness, drug addiction and alcoholism.

Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

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Tenant Confirmation of Liability and Emotional Support/Psychiatric Service Animal Behavior Form

<i>Initial</i>	<i>Must be completed by tenant</i>
	Tenant name (<i>print</i>): _____ Tenant apartment address: _____
	Animal type: _____ Animal Breed: _____ Animal weight: _____
_____	I am not aware of any reason to believe that this animal would pose a direct threat to the health or safety of others.
_____	I am not aware of any reason to believe that this animal would cause a significant disruption to service in an apartment complex.
_____	If outside of apartment, - This animal takes direction upon my command and will remain under my control at all time, and - I confirm that this animal has been trained to behave properly in a public setting
_____	I understand that if my animal acts inappropriately or exhibits unsafe or untrained behavior, Student Apartment Mart Inc. may only accept it in accordance with its current pet policies, may deny the animal and/or remove it from the apartment.
_____	I assume full responsibility for the safety, well-being and conduct of my animal, including the interaction of the animal with crew and other tenants or tenant property that may come in contact with the animal while at the apartment complex, and must be on a leash at all times when outside of apartment. By failing to comply if I cause Student Apartment Mart Inc. or its tenants any loss, damage or expense of any kind, I consent and acknowledge that I will reimburse it for any such loss, damage or expense. Signature: _____ Date: _____ Phone contact: _____ Email contact: _____

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Veterinary Health Form

<i>Initial</i>	Must be completed by a licensed veterinarian
	Tenant name (<i>print</i>): _____ Tenant apartment address: _____ Animal name (<i>print</i>): _____
	Animal type: _____ Animal Breed: _____ Animal weight: _____
_____ _____	The animal described above was last examined by me on: _____ At the time of this physical examination, the animal appeared to be free of infectious or contagious diseases that would endanger other animals or public health
_____ _____	The animal is current as of the date of this form for the following vaccinations: Rabies Vaccine (if applicable to this type of animal) Date given: _____ Valid through: _____ Distemper Vaccine (if applicable to this animal) Date given: _____ Valid through: _____
	The animal's owner (or owner's agent) has represented to me that (<i>choose one</i>): <input type="checkbox"/> The animal has not bitten, scratched or otherwise injured or attacked any person <input type="checkbox"/> The animal has bitten, scratched or otherwise injured or attacked a person. The situation leading to the bite, scratch or injury was described as follows: _____ _____
	Veterinarian's license number: _____ License date of expiration: _____ State or other jurisdiction in which license was issued: _____ Veterinarian's name (<i>print</i>): _____ Business phone contact: _____ Business email contact: _____ Signature: _____ Date: _____

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ESA Pet Agreement

Agent agrees to waive the pet restrictions of the rental agreements/lease provided that the tenant and pet owner agree to and meet the following terms and conditions:

1. Only the pet(s) listed and described are authorized under this pet agreements. Additional or other pets must be approved by the agent.
2. Pet(s) will not cause: danger, damage, nuisance, noise, health hazard or soil the unit, premises, grounds, common areas, walks , parking areas, landscaping or gardens, Tenant agrees to clean up after the pet and agrees to accept full responsibility and liability for any damage, injury or actions arising from or caused by his/her pet(s).
3. Tenant agrees to register the pet(s) in accordance with local laws and requirements. Tenant agrees to immunize the pet(s) in accordance with local laws, and requirements. If, in agent's sole judgement, any rule or provision of this pet agreements is violated by residents or their guests, residents shall immediately and permanently remove the pet from the premises upon written notice from agent.
4. Resident(s) agree to comply with all applicable governmental laws and regulations.
5. Tenant agrees to pay for any pest control as a result of having a pet, i.e. fleas, ticks, etc.
6. At the end of the lease period, tenant agrees that carpet, doors, woodwork, walls or any other damage caused by pet(s) be repaired or replaced at tenant expense to the same standard as the date of lease inception.
7. All cats must be spayed or neutered and declawed and tenant agrees to provide Agent a copy of verification by their veterinarian.
8. Residents may not abandon the pet(s) or leave it for any extended period without food or water. The pet(s) is not allowed in any common area building on the premises. Lessee understands if their pet becomes a nuisance or disturbance to other residents i.e. barking, the pet will be removed with notice from agent.
9. ALL DOGS MUST BE ON A LEASH AT ALL TIMES WHILE OUTSIDE.
10. If any of these conditions are violated or proper paperwork not provided to the SAMI office you are in risk of violating the SAMI pet policy and NO PET WOULD BE ALLOWED IN UNIT.

Once

Name of Pet: _____ Type of Animal: _____

Breed: _____ Age: _____ Color: _____ Weight: _____

Registration # (if Applicable): _____ Date of Last Rabies Shot: _____

Tenant(s): _____

Address: _____ Date: _____