Timberline Condominium Association GUEST/OWNER NAME: 690 CARRIAGE WAY, SNOWMASS VLG CO 81615

970-923-4000 GUEST/OWNER DATES:

e-mail: [mharris@thetimberline.com](mailto:mharris@thetimberline.com)

**SERVICE OR ASSISTANCE ANIMAL INFORMATION**

NOTE: This application must be completed in full, in order for owner/guest to consider any Service or Assistance Animal that guest wishes to keep at the Timberline Condominiums. ALL ASSISTANCE AND SERVICE ANIMALS must be documented by this form. Photo(s) of animal(s) must be provided at time of submission this form, in addition to vet license/registration.

**ANY BEHAVIORAL “INCIDENTS?” (Please explain in detail)**

**ANY PHYSICAL ALTERATIONS OR DISTINGUISHING CHARACTERISTICS?**

**HOW LONG IS ANIMAL OWNERSHIP?**

**PRESENT WEIGHT: pounds ANTICIPATED MATURE WEIGHT: lbs. IS ANIMAL SPAYED/NEUTERED?**

**IS ANIMAL FULL-GROWN?**

**SHOTS/VACCINES CURRENT?**

**PRESENT AGE (approx. if unknown) ununnotneeded)**

**LIC #**

**(Be specific, including mixed breed)**

**IS ANIMAL LICENSED?**

**FEMALE**

**MALE**

**ANIMAL GENDER**

**CANINE BREED:**

**ANIMAL NAME:**

**TYPE OF ANIMAL:**

Please initial each line below that you understand our list of rules and regulations to ensure a comfortable stay.

\_\_\_\_\_\_ 1. Please take your animal to the ski slope to relieve itself. You must pick up after the animal and dispose

(Initial) of it in a trash can.

\_\_\_\_\_\_ 2. Housekeeping services: No animal can be left in the condo by itself at any time. If your animal is in the

(Initial) room unaccompanied, you will NOT receive housekeeping. Please note our housekeepers work only

from 9am-4pm each day.

\_\_\_\_\_\_ 3. I accept responsibility and authorize the Timberline Condominiums to charge my credit card for the

(Initial) reimbursement cost of any missing or broken items or damage repair (beyond normal wear and tear)

during my visit.

\_\_\_\_\_\_ 4. Per Town of Snowmass Village rules and regulations, all dogs must be on a leash outside and in any

(Initial) public areas.

TIMBERLINE CONDOMINUMS ABIDES 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 TIMBERLINE CONDOMINIUMS 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, OWNER 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/OWNER AUTHORIZES LESSOR/AGENT TO CONFIRM WITH HEALTH PROFESSIONAL THAT THEY ARE THE SIGNATORY OF THE DOCUMENT IN QUESTION*.

PROOF THAT AN ANIMAL IS 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) Timberline Condominiums 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 lease/contract entered into based upon reliance of any misstatements made herein.**

Applicant/Tenant/Owner Signature Date