

# **SERVICE/ EMOTIONAL SUPPORT PET POLICY ADDENDUM**

Before considering making an exception to our “no pet” policy and granting a tenant approval to bring a service/ support animal on property and into unit, we will require the following documents:

- 1. Letter/ Prescription from primary health care provider stating disability and need for service/support animal in treating disability.**
- 2. Letter/ Prescription from mental psychiatrist stating need for therapy animal.**
- 3. Health/ Vaccination records for pet stating breed, age, weight, and vaccination history. Image or picture of pet for identification purposes.**
- 4. Any associated certification paperwork if applicable.**
- 5. Written approval from every roommate that they are comfortable and approve of pet residing in unit.**
- 6. Proof of Dog License/ Registration of Dog with Town of Durham. Registration Link: <https://www.ci.durham.nh.us/clerk/dog-license-registration-fees>**
- 7. TENANT agrees to carry insurance deemed appropriate by Landlord to cover possible liability and damages that may be caused by such animals. Policy coverage information is required to be submitted to Landlord. Acceptance and acknowledgement of tenant taking full responsibility for payment of cost of any potential damage pet has caused to apartment or common areas of property and releases roommates from liability.**
- 8. Acknowledgement and understanding of all applicable state and town pet ordinances and laws that tenant is required to abide by at all times.**

If approved, you would be responsible for and required to comply with reasonable pet policy rules that include cleaning up waste after pet, noise and safety rules, leash restrictions, and laws requiring pet to be on leash at all times on property. We can still write warnings, deliver official notices/ fees/ fines or even evict the tenant and companion animal for things like excessive noise, property damage, behavior problems, is not housebroken, or whenever the companion animal might threaten the safety of other tenants.

Additionally, if tenant is found to have brought a pet on the property prior to authorization and approval from landlord, then tenant is required to remove the pet from the property immediately and until proper written approval has been granted from Landlord in addition to being subject to all applicable fines for violation of pet policy. See pet policy stated in our lease community rules and fee schedule:

16. Pets, owned or visiting, are not allowed in the Apartments or on the Premises at any time, with the exception of approved service animals. Approval must be granted prior to service animal entering or residing on the premises. A violation of this policy will result in the fines described in the Fee Schedule. A written warning will be issued to remove any pet, in accordance with Community pet policy, and a \$200.00 Fine will be imposed, which is due and payable upon delivery of the written warning. This \$200.00 Fine is in addition to any damages to our property that may have been caused by the pet. At a minimum, in event of the presence of a pet, you will be charged with the replacement of the carpeting in the Apartment. If you do not remove the pet immediately, or if a second violation is observed, a 7 day notice of non-compliance will be imposed against you in addition to a \$500.00 Fine and/or at our option, we may declare you in violation of your Lease and seek such remedies that are available to us thereunder, including eviction.

\_\_\_\_\_  
Tenant Printed Name

\_\_\_\_\_  
Landlord Printed Name

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Landlord Signature

**INITIALS** \_\_\_\_\_

# SERVICE/ EMOTIONAL SUPPORT PET POLICY ADDENDUM

Date: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, CO-OCCUPANT OF TENANT  
\_\_\_\_\_, IN UNIT # \_\_\_\_\_ ACKNOWLEDGE AND APPROVE OF CO-  
HABITATING WITH THE AFOREMENTIONED SERVICE/EMOTIONAL SUPPORT PET DURING THE TERM OF THE LEASE. I  
UNDERSTAND AND ACKNOWLEDGE THAT I WILL BE EQUALLY RESPONSIBLE FOR DAMAGE TO THE COMMON LIVING  
AREA OF MY APARTMENT RELATED TO THE AFOREMENTIONED SERVICE/EMOTIONAL SUPPORT PET. **ALL COMMON  
AREA DAMAGE CHARGES WILL BE DIVIDED EQUALLY BETWEEN ROOMMATES.**

\_\_\_\_\_  
CO-OCCUPANT 1 Printed Name

\_\_\_\_\_  
CO-OCCUPANT 2 Printed Name

\_\_\_\_\_  
CO-OCCUPANT 1 Signature

\_\_\_\_\_  
CO-OCCUPANT 2 Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
CO-OCCUPANT 3 Printed Name

\_\_\_\_\_  
CO-OCCUPANT 4 Printed Name

\_\_\_\_\_  
CO-OCCUPANT 3 Signature

\_\_\_\_\_  
CO-OCCUPANT 4 Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**INITIALS** \_\_\_\_\_