

SCOTTSDALE SHADOWS
7800 E. Camelback Road
Scottsdale, AZ 85251

Dear Scottsdale Shadows Residents:

If you are an owner of a support animal and want to be able to have your support animal have access to the common areas of our buildings such as the pool area, the clubroom and/or the Fitness Center, you must have the attached document completed and returned to the RCI Administration Offices.

The Fair Housing Amendments Act of 1988 requires the Association to provide reasonable accommodation to our policy and allow a tenant to have an emotional support animal. This includes species, breed, and weight policies.

These laws also allow management to require a verification form to be completed by a physician or a licensed mental health professional.

Please return your completed form to The Administration Office. The contents of the form will be kept strictly confidential. Staff will only be informed that you have a support animal and that your animal is allowed in the common areas. Support animals when in the common areas of our buildings must always be in your control by being on a leash or in your arms. These animals may not run free in the common areas.

Thank you,

General Manager
Ramiro Wong

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Dog Registration Form

Date: _____ Bldg: _____ Unit: _____

Owner's Name: _____

Tenant's Name: _____

Check One: Owner: Tenant: Phone #: _____

Animal's Name: _____

Red ID Tag #: _____ Breed: _____

Check One: Male Female Weight: _____

Doctor's letter received: Yes No Date: _____

Photo Attached: Yes No

Signature of Applicant: _____

Notes:

Note: (Fair Housing Act) Medical Professional Confidential Disability Certification Letter (attached) is required when registering your animal.

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Dog Registration Form

MEDICAL PROFESSIONAL'S CONFIDENTIAL DISABILITY CERTIFICATION LETTER

To: Association: _____

1. I hereby declare, under penalty of perjury, that the following statements are true and correct to the best of my knowledge.

_____ (Patient's name) is my patient whose address is:

2. My name, business address, and business telephone number are as follows:

3. I am a duly licensed physician or other medical professional in the State of Arizona and my medical license number is (if applicable):

4. I am also certified in the following medical specialty (ies), if any:

5. The Federal Fair Housing Act defines a handicapped person as one who has a physical or mental impairment which *substantially* limits one or more of such person's major life activities. I hereby certify that Patient is a handicapped person pursuant to the above definition from the Fair Housing Act due to the following conditions or for the following reasons:

- a. Physical or mental impairments of patient:

- b. Major Life Activities substantially affected (activities of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for oneself, learning and speaking):

- c. Description of Substantial Limitations (means "significant" or "to a large degree"):

Other Comments:

6. If the Patient is disabled as described in No. 5 above, please describe the accommodation from the Association in its policies and procedures needed with respect to the disability or disabilities and, most importantly, explain how the accommodation will specifically alleviate the effects of the disability or disabilities, i.e., how will it lessen the substantial limitation on the major life activities identified above and why this accommodation is necessary:

7. I understand that this information is solely for the internal use of the above-named Association, that it will be kept confidential and will be provided only to authorized representatives of the above-name Association who periodically may need to verify and revalidate that this information is still correct.
I understand that, if a dispute arises concerning these issues, I may be called upon to testify concerning my professional opinions set forth in this declaration.

Signature: _____

Name: _____

Date: _____