

**WATERGATE AT LANDMARK CONDOMINIUM
UNIT OWNERS ASSOCIATION**

ASSISTANCE ANIMAL REGISTRATION

I. Assistance Animal Description. *Please attach a photograph of the animal. Please complete the following information.*

- a. Name of Animal: _____
- b. Type of Animal (i.e., dog): _____
- c. Breed of Animal: _____
- d. Color of Animal: _____
- e. Age of Animal: _____
- f. Weight of Animal: _____
- g. City of Alexandria License No.: _____
- h. Is animal current on all legally required vaccinations? (circle one) Yes / No. Please attach a certificate from the veterinarian who cares for the animal dated within 30 days of date of this Registration which includes all vaccination information.

II. Contact Information for Surrogate Animal Caregiver in Case of Emergency.

Name: _____
Address: _____
Cell Phone Number: _____
Email Address: _____

III. Assistance Animal Rules and Regulations. *The Requesting Party must agree to and abide by the following:*

- a. Assistance animals at all times must wear a collar with I.D. tag and vaccination tags.
- b. Assistance animals must be in a carrier or on a leash at all times when outside of the unit and kept within the control of the Requesting Party.
- c. Requesting Party must keep unit and surrounding areas free of odors, waste, insect infestation and litter resulting from the animal.
- d. Aggressive or vicious animals are strictly prohibited. Animals may not pose a clear and present threat of substantial harm to other or the dwelling itself.
- e. Requesting Party must keep common elements free of all animal waste and must clear all animal waste from common elements immediately.
- f. Incessant barking or offensive or disruptive noise by the service/support animal is prohibited.
- g. Abide by Watergate at Landmark policies except when there is an approved Reasonable Accommodation/Modification Request on file with the Association.

IV. Association Facilities.

Please identify areas in the community where you anticipate taking your assistance animal.

V. **Agreement.**

- a. I agree to abide by the rules set forth in Section III at all times.
- b. I shall be fully liable for any and all injuries, damages, causes of action, claims or obligations, over any consequential damages arising out of or related to my use of an assistance animal. I am solely responsible for any harm, including to any person or to the common elements, or any other property caused by my assistance animal.
- c. I hereby waive, hold harmless, indemnify, release and forever discharge the Association, the Association Board of Directors, members, residents, employees and agents of and from all manner of action and actions, causes and causes of action, suits, damages, claims or obligations, over any consequential damages arising out of, or related to, or resulting from my assistance animal's actions and behavior and use of Association facilities.
- d. I hereby represent that (i) my assistance animal is in good health, has not been ill with any communicable diseases or parasites in the last 30 days, and has not harmed or shown aggressive or threatening behavior towards any person or any other animal; (ii) my assistance animal has received and is up-to-date on all vaccinations as required by law; and (iii) that my assistance animal does not suffer from any condition and is not prone to any behavior which would in any way be dangerous to another person or animal.
- e. I am strictly responsible for the care and actions of my assistance animal.

By signing below, I represent that the information provided is true and accurate to the best of my knowledge. I agree to the terms contained in the Assistance Animal Registration.

WARNING: READ CAREFULLY. THIS REGISTRATION INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO BRING LEGAL ACTION AGAINST THE ASSOCIATION AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ THE AGREEMENT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF THE EFFECT OF THIS AGREEMENT.

Name of Requesting Party

Address in Watergate at Landmark Condominium

Home Phone

Office Phone

Cell Phone Number

Email Address

Signature