



COVERED BRIDGE CONDOMINIUM ASSOCIATION, INC

7290 COVERED BRIDGE BLVD, LAKE WORTH, FL 33467-2799

OFFICE: 561-967-3150 FAX: 561-967-6539

Pet Application

Name of Applicant: _____

Covered Bridge Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Dog Cat Name of Animal: _____

Spayed Neutered Breed of Animal: _____

This application is for: Standard Pet Service Animal Emotional Support Animal

If this is an emotional support animal, please provide a letter from a medical doctor or therapist that attests the animal as an assistance animal.

If this is a service animal, is the animal required because of a disability? YES NO

If YES, please have a medical professional complete the Disability Verification Form included below.

If this is a service animal, what work or tasks has the animal been trained to perform?

Proof of License-Palm Beach County: _____

(Please attach paperwork and DOF License Number)

It is understood and agreed that keeping of an animal on the premises is a privilege, not a right, and may be fined for violating any of the following.

- Animal must be under leash when walked on the condominium grounds.
- As an owner, you are responsible for removing any and all solid waste made by the animal.
- If the animal emits excessive noise, such as in the case of barking or howling or becomes a nuisance, it shall be removed.

I hereby agree to the provisions as shown above.

Resident Signature Date: _____

Area below for office use only

Date: _____ Covered Bridge Tag #: _____

Reviewed by Board Member Date: _____



COVERED BRIDGE CONDOMINIUM ASSOCIATION, INC

7290 COVERED BRIDGE BLVD, LAKE WORTH, FL 33467-2799

OFFICE: 561-967-3150 FAX: 561-967-6539

DISABILITY VERIFICATION FORM

To be completed by a Treating Professional if applying for a Service Animal

The Department of Housing and Urban Development defines a disabled person in 3 ways:

(1) A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.

(2) A developmentally disabled person is one with a severe chronic disability that:

(a) is attributable to a mental and/or physical impairment;

(b) as manifested before age 22;

(c) is likely to continue indefinitely;

(d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency; AND

(e) requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.

(3) A disabled person is also one who has a physical, emotional or mental impairment that:

(a) is expected to be of long-continued or indefinite duration;

(b) substantially impedes the person's ability to live independently;

(c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

I hereby certify that _____ should be considered disabled in accordance with definition number _____ above.

Does the disability substantially limit one or more of the Applicant's major life activities? Yes No

If yes, please indicate with major life activity is affected and describe how it affects the Applicant.

Check all that apply.

Breathing

Caring for Oneself

Concentrating

Hearing

Interacting with Others

Learning

Lifting

Performing Manual Tasks

Reaching

Seeing

Sitting

Sleeping

Standing

Walking

Working

Other (List below)



COVERED BRIDGE CONDOMINIUM ASSOCIATION, INC

7290 COVERED BRIDGE BLVD, LAKE WORTH, FL 33467-2799

OFFICE: 561-967-3150 FAX: 561-967-6539

As the treating professional, it is my opinion that the above described modification or accommodation is necessary for the Applicant to have an equal opportunity to use and enjoy a dwelling as a person without a disability.

Yes No

If yes, please describe how the requested modification or accommodation lessens the effects of Applicant's disability or facilitates Applicant's ability to function.

How long has the applicant been under your professional care?

Treating Professional's Name (please print legibly): _____

Title _____ Date _____

Signature _____ Phone _____



Veterinarian Information Request Form

Date: _____

Dear Resident:

Please provide the Association with the information requested below and have it signed by your veterinarian.

1. Breed: _____

2. Maximum Adult Weight: _____

3. Proof of all Required immunizations: _____

4. Health Certificates: _____

5. Proof of Spaying or Neutering: _____

Signature of Veterinarian: _____ Phone #: _____

Print Name: _____ License #: _____



PBC Animal Care & Control License Application

Palm Beach County Ordinance requires all dogs and cats over 6 months old to be vaccinated against rabies and licensed with the County.

PBC Animal Care & Control Licensing
c/o PetData
PO Box 141929
Irving, TX 75014-1929

Please print clearly and fill in all information.

Owner Last Name		Owner First Name	
Residential Address (required)			Apt #
City	State	Zip	
Mailing Address			
Home Phone		Alternate Phone	
Species	Breed (If unknown, list breed most resembles)	Sex	<input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Unaltered
Pet Name	Color(s)	Weight	Age/Birthdate
Microchip Number			

Rabies Tag # (Enclose Certificate)	Rabies Vacc. Date	Vacc. Exp. Date																		
Name of Vet or Hospital																				
License Fees <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Standard</u></td> <td style="text-align: center;"><u>Sr Owner (70+)</u></td> </tr> <tr> <td>Unaltered Pet</td> <td style="text-align: center;"><input type="checkbox"/> \$75.00</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>Spayed/Neutered Pet*</td> <td style="text-align: center;"><input type="checkbox"/> \$15.00</td> <td style="text-align: center;"><input type="checkbox"/> \$11.25</td> </tr> <tr> <td colspan="3">* Proof of spay/neuter required for discounted fees.</td> </tr> <tr> <td>Late Fee (30 days after due date)</td> <td style="text-align: center;"><input type="checkbox"/> \$10.00</td> <td></td> </tr> <tr> <td colspan="3">Owner's Age or DOB if requesting senior discount: __ / __ / __</td> </tr> </table>				<u>Standard</u>	<u>Sr Owner (70+)</u>	Unaltered Pet	<input type="checkbox"/> \$75.00	N/A	Spayed/Neutered Pet*	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$11.25	* Proof of spay/neuter required for discounted fees.			Late Fee (30 days after due date)	<input type="checkbox"/> \$10.00		Owner's Age or DOB if requesting senior discount: __ / __ / __		
	<u>Standard</u>	<u>Sr Owner (70+)</u>																		
Unaltered Pet	<input type="checkbox"/> \$75.00	N/A																		
Spayed/Neutered Pet*	<input type="checkbox"/> \$15.00	<input type="checkbox"/> \$11.25																		
* Proof of spay/neuter required for discounted fees.																				
Late Fee (30 days after due date)	<input type="checkbox"/> \$10.00																			
Owner's Age or DOB if requesting senior discount: __ / __ / __																				
Voluntary Donation \$ _____ <i>Donations benefit animals in the care of Palm Beach County.</i>																				
Total Amount Enclosed \$ _____																				
Your paperwork will not be returned to you, so please only send copies and retain the originals for your records.																				
Questions? Call toll-free 1-855-223-1678 or visit www.pbcgov.com/snap																				

License Your Pet by Mail: Complete this application, **Enclose a copy of your pet's current rabies vaccination certificate**, Enclose proof of spay/neuter if it is not indicated on the rabies certificate, Include owner's date of birth (70+ years) if requesting the senior discount, Make your check or money order payable to Palm Beach County Animal Care & Control (please do not send cash) **Mail to:** PBC Animal Care & Control Licensing, c/o PetData, PO Box 141929, Irving TX 75014-1929.

License Your Pet Online: Go to www.pbcgov.com/snap Any required documentation, such as the rabies certificate, may be uploaded or submitted later by fax, mail or email. Pay with a major credit card. A convenience fee will apply per transaction. Multiple pets can be licensed in one transaction.

License Your Pet In Person: At Palm Beach County Animal Care & Control or at participating veterinary clinics. Visit www.pbcgov.com/snap for details.