



CHINOOK PROPERTIES, INC

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Companion/Service Animal Requirements

In order to be approved by Chinook Properties, Companion/Service animals must meet the following requirements with documentation provided:

- Completed Reasonable Accommodation Request and Verification form & physicians letter or have them fill out their section in this form
- Spay/neuter documentation – if applicable
- Vaccination documentation
- Photograph of Companion/Service animal
- Dog license, you will need to update the license once moved.

In order for *Chinook Properties* to consider your request to have a service animal that does not otherwise meet *Chinook Properties'* requirements, *Chinook Properties* must first verify the existence of a qualifying disability; that your request is related to that qualified disability; and that allowing this request will assist you in using your home and space. In order to do this, you will need to provide a letter from your doctor that answers the following questions:

Specifically, before *Chinook Properties* may grant your request, *Chinook Properties* must first determine if you are handicapped or disabled as defined by law and verified by a qualified person (for example, a counselor, doctor, social worker, or rehabilitation center); if your request is related to your disability; and if granting your request is necessary to afford you the equal opportunity to use your home, common areas and/or facilities. The following is provided to better assist you in providing information and verification for this determination.

1. Is the person disabled as defined by Law?
 - A. A person is considered handicapped or disabled if they suffer " a physical or mental impairment which substantially limits one or more major life activities," or if they have "a record of such an impairment," or are "regarded as having such an impairment."
 - B. A physical or mental impairment means "(1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs, cardiovascular; reproductive; digestive; genito-urinary; hernic and lymphatic; skin and endocrine; or (2) any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disability." Such an impairment, includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than caused by current, illegal use of controlled substances) and alcoholism.
 - C. The term major life activities means "functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working."
2. In the health care provider's professional opinion:
 - A. Does the person meet the definition of an individual with a disability?
 - B. Is the requested accommodation related to the disability?
 - C. Is the requested accommodation necessary to afford the person equal opportunity to use their home, common areas and/or facilities?
3. To assist you in providing *Chinook Properties* with the information and verification necessary to determine if this request falls within the terms of the law, please fill in the following identifying information (*Section 3A*, below) and have the remaining portion (*Section 3B*, below) completed and verified by a qualified person.
 - A. The name and address of the qualified person (for example, a counselor, doctor, social worker, or rehabilitation center) who can provide you with the necessary verification is:

[Below section to be completed by Applicant]

Name: _____ Telephone: _____

Address: _____

B. I authorize *Chinook Properties* and/or *Chinook Properties'* authorized agents to contact this qualified person to discuss and obtain the information verifying *Items 2A-C*, above, and further authorize the above-named qualified person and his/her qualified agents to release such information for this purpose.

Date: _____ Signature: _____

[Below section to be completed by qualified person (if no physician letter provided)]

It is my professional opinion that:

1. The person for who this request for accommodation is made meets the definition of an individual with a disability.
2. The requested accommodation is related to the disability.
3. The requested accommodation should afford the person equal opportunity to use and enjoy their home, common areas and/or facilities.

Date: _____ Signature: _____

Professional Title: _____ Organization: _____

Your assistance in promptly responding with complete and accurate information providing this information and fully responding to these questions will allow *Chinook Properties* to respond to your request.

Sincerely,
Chinook Properties, Inc.

ANIMAL AUTHORIZATION AND DESCRIPTION:

1. Tenant may not keep any animal on the Property unless specifically authorized by this agreement. "Animal" includes any animal, whether mammal, reptile, bird, fish, rodent, or insect.
2. Tenant may keep the following animal(s) on the Property until the above-referenced lease ends.

Type: _____ Breed: _____ Name: _____

Color: _____ Weight: _____ Age: _____ Gender: _____

Altered? Yes No Rabies Shots Current? Yes No

Type: _____ Breed: _____ Name: _____

Color: _____ Weight: _____ Age: _____ Gender: _____

Altered? Yes No Rabies Shots Current? Yes No

ANIMAL RULES - Tenant must:

1. Take all reasonable action to insure that any animal does not violate the rights of other persons
2. Comply with all applicable statutes, ordinances, restrictions, owners' association rules, and other enforceable regulations regarding any animal
3. Keep the rabies shots of any animal current
4. Confine any dog or cat when outside, by fences or on leashes under tenant's control
5. Confine any animal other than a dog or cat in appropriate cages at all times
6. Promptly remove any animal waste from the property, including all living areas, garages, storage areas, yards, porches, patios, courtyards, and decks
7. Promptly remove from the property any offspring of any animal.

ACCESS:

Tenant must remove or confine any animal at any time if the animal is likely to limit or prohibit Chinook Properties or other persons access to property as permitted by the lease.

DISCLOSURE CONCERNING ANIMALS:

1. Is tenant aware of whether any of the animals described under this addendum has ever bitten or injured another person? Yes No If yes, explain: _____

2. Is tenant aware of whether any of the animals described under this addendum has any propensity or predisposition to bite or injure someone? Yes No If yes, explain: _____

TENANT'S LIABILITY:

1. Tenant is responsible and liable for:
 - a. Any and all damage to the property or any item in the property caused by any animal
 - b. Any and all personal injuries to any person caused by any animal
 - c. Any and all damage to any person's property caused by any animal
2. Tenant will pay all reasonable costs that are necessary to clean, deodorize, de-flea, or repair any part of the Property, including but not limited to the carpets, doors, walls, drapes, wallpaper, windows, screens, furniture, appliances, sod, yard, fences, or landscaping.

INDEMNIFICATION:

Tenant will protect, defend, indemnify, and hold Chinook Properties, Chinook Properties' property manager, and Chinook Properties' agents harmless from any damages, costs, attorney's fees, and expenses that are caused by the act of any animal or tenant.