



## Auxiliary/Support/Companion Animal Policy

*All residents who have received permission to have an auxiliary/support/companion animal are required to comply with the general conditions of the Housing Authority's Auxiliary/Support/Companion Animal Policy. You must receive written notice of approval of the animal from the Housing Authority's Section 504 Coordinator **BEFORE** an animal is allowed onto any LHA-managed property.*

### Verification of Receipt of Policy for the 504 Coordinator

I have received a copy of the LHA Auxiliary/Support/Companion Animal Policy, and understand that violation of this policy constitutes a lease violation which may result in eviction.

Signature \_\_\_\_\_

Date \_\_\_\_\_





**Greetings!**

**In reading the Loveland Housing Authority policy for service and/or companion animals, we welcome your questions. Please feel free to call us with these at 970-667-3232 Please remember as well;**

- **NO GUESTS OR VISITORS are allowed to have animals or pets in the units or on the common areas.**
- The Loveland Housing Authority (LHA) assumes **NO RESPONSIBILITY** for the release of animals from the unit and/or yard during maintenance/housing inspections and visits. Should an animal be released from a unit due to staff entry, the animal's owner retains ALL liability.
- **Any and all animal owners must be in full compliance with all conditions of this policy BEFORE an animal is allowed onto the property.**

Approval of your Request for Reasonable Accommodation has been achieved through the work of the Housing Authority staff in conjunction with your provider. It is important to remember that companion and service animals are allowed to accommodate the disability and needs of a person who requires their aid. We encourage you to take care of your animal, the surrounding neighborhood and to take serious the peaceful enjoyment of the complex for yourself, your animal and your neighbors. Please read and follow the attached pages closely....





## **IMPORTANT INFORMATION**

### **Concerning Your Auxiliary/Support Animal**

- ✓ Owners of auxiliary/support/companion animals are fully liable and responsible for their animal's behavior. Owners shall assume sole responsibility for liability arising from any injury sustained by any person attributable to their animal and agree to hold the owner and management harmless in such proceedings. ANY ANIMAL THAT CAUSES BODILY INJURY TO ANY TENANT, GUEST OR STAFF MEMBER SHALL BE IMMEDIATELY AND PERMANENTLY REMOVED FROM THE PREMISES WITHOUT PRIOR NOTIFICATION. Damage to any unit, building and/or common area damage caused by the animal will be the responsibility of the tenant and he/she will be required to reimburse the project for the equal cost of any and all damages caused by their animal.
- ✓ All animals shall be maintained AT ALL TIMES within the owner's leashed control.
- ✓ Animal waste is the sole responsibility of the owner and must be picked up, placed in a plastic bag, and properly disposed of in a trash receptacle IMMEDIATELY. There are NO exceptions to the policy of animal waste. This rule applies whether the animal is being walked by any member of the animal owner's family and/or a guest at any location on the complex.
- ✓ Cat litter is NOT to be disposed in the toilet. Cat litter severely clogs plumbing (even though the directions on the litter indicate that it may be flushed), and any damage will be the direct responsibility of the owner. The owner will be charged the **full cost** of all plumbing problems directly related to the flushing of cat litter. Cat litter is to be placed in plastic bags and disposed in the trash receptacles.
- ✓ Owners agree that they are fully and solely responsible for immediately cleaning any dirt tracked through common area lobby or hallways by an animal.
- ✓ Owners agree to control the noise of any animal such that it does not constitute a nuisance to other residents. Failure to control an animal's noise may result in the removal of the animal from the premises.
- ✓ In the event of a resident's sudden illness, the resident animal owner agrees that management shall use discretion with respect to the provision of care for the animal consistent with federal guidelines and at the expense of the resident owner unless written instructions with respect to this area are provided in advance by the resident to the project office.



## ➤ **IMPORTANT INFORMATION**

### ➤ **Concerning Your Auxiliary/Support/Companion Animal** (cont.)

- ✓ In the event of the death or prolonged absence of a resident, the resident owner agrees that management shall have discretion to remove the animal consistent with federal guidelines unless written instructions with respect to such removal are provided IN ADVANCE by the resident to the project office.
- ✓ Unwillingness on the part of named caretakers to assume custody of the animal shall relieve management of any requirement to adhere to any written instructions with respect to the care or removal of an animal, and shall be considered as authorization to management to exercise discretion in such regard consistent with federal guidelines.
- ✓ Owners acknowledge that other residents may have chemical sensitivities or allergies related to animals or are easily frightened by animals. The resident, therefore, agrees to exercise common sense and courtesy with respect to such other resident rights to a peaceful and quiet enjoyment of the premises.
- ✓ Management reserves the right to require or conduct the removal of an animal from the premises on a temporary or permanent basis for the following causes:
  - ✓ Creation of a nuisance.
  - ✓ Excessive noise and/or odor
  - ✓ Unruly or dangerous behavior
  - ✓ Excessive damage to the resident apartment and/or common areas
  - ✓ Failure of the resident to provide adequate and appropriate vaccination documentation
  - ✓ Failure of the resident to provide adequate care of the animal
  - ✓ Resident death, serious illness and/or prolonged absence
  - ✓ Failure to observe any other rule contained in this policy
  - ✓ These policies are in addition to ALL animal control laws and requirements as set forth under city, county, state and federal laws.





**OWNER'S AFFIDAVIT**  
**ATTESTING TO RECEIPT AND UNDERSTANDING OF THE HOUSING**  
**AUTHORITY'S AUXILIARY/SUPPORT/COMPANION ANIMAL POLICY**

I have read and understand the above policy of the Loveland Housing Authority. I agree to full compliance of this policy, and further understand that failure to comply may constitute reason for removal of my animal and/or eviction from the unit. I also understand that **no substitutions of any animal are allowed without re-certification of the disability**. Any new animal introduced to the unit constitutes a new policy signing, full proof of vaccinations, and re-signing of this affidavit.

I understand that this affidavit becomes part of my lease for the unit addressed as:

\_\_\_\_\_  
(Complex Name)

\_\_\_\_\_  
(Address)

Description of animal: \_\_\_\_\_

Animal's Name: \_\_\_\_\_

This is the **ONLY ANIMAL** granted permission to reside in my above addressed unit.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

LHA STAFF: The above named resident has read and signed these rules and has been given the opportunity to ask any and all questions regarding the above listed policy.

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date



**Companion or Service  
ANIMAL INFORMATION SHEET**

Resident's Name: \_\_\_\_\_

Resident(s) Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In the event that I would be unable and/or too ill to care for my animal, please contact the following person who I have designated below to care for my animal:

Name of person to call: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph \_\_\_\_\_

**Please have your veterinarian complete this section**

Veterinarian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_

By signing this form, I verify to the best of my knowledge that this animal is healthy, containing no contagious disease, has been spayed or neutered, and poses no known threat to the community.

Larimer County License Number: \_\_\_\_\_

Colorado Rabies Number: \_\_\_\_\_

Distemper:  YES  NO

\_\_\_\_\_  
Signature of Veterinarian

\_\_\_\_\_  
Date