

GOLDEN VISTA RV RESORT
Accommodation Form for an Emotional Support Animal

General Information:

Pursuant to the Fair Housing Act (FHA) guidance for Emotional Support Animals which prohibits discrimination on the basis of disability in housing, Golden Vista Resort requires that a resident with a qualified emotional disability who seeks to reside in property at Golden Vista Resort with an emotional support animal, to provide documentation from a licensed mental health professional (e.g. psychiatrist, psychologist, licensed clinical social worker, including a medical doctor specifically treating the resident's mental or emotional disability) addressing the resident's disability status and need to live with an emotional support animal. This form is used for that purpose.

Instructions for Mental Health Professional or Medical Doctor

Please complete the following form:

Must be completed by Mental Health Professional or Medical Doctor	
I am currently treating _____ for a mental health or emotional disability recognized in the Diagnostic and Statistical Manual of Mental Disorders (MSM IV). This person has a need for a _____ (type of animal) to be an emotional support pet to alleviate the effects of this disability (name disability)_____.	
An accommodation will alleviate the effects of this disability by _____ _____ _____	
My _____ (type & # of license) was issued in the state or jurisdiction of _____ in 20_____	
_____ Print name and address	_____ Phone #
Signature _____	Date ____ / ____ / 20_____

Instructions for Resident:

- Sign and date this form.
- Provide a copy of this completed and executed form together with a personal written letter stating why and how an accommodation from Golden Vista Resort Rules and Regulations Part 10 PETS is necessitated by your disability.
- Deliver both this form and written statement to the Golden Vista Resort front desk, via Fax: (480) 671-2572 or eMail to manager@gvrv.us.

I understand and agree with the above information. I agree to abide by Golden Vista Resort Rules and Regulations Part 10.08 regarding this animal.

_____ Date ____ / ____ / 20_____ Lot # _____

Personal telephone contact # _____