

Renewal COPY

TRAILER ESTATES PARK & RECREATION DISTRICT APPLICATION FOR KEEPING OF EMOTIONAL SUPPORT ANIMAL AS AN ACCOMMODATION FOR RESIDENT'S DISABILITY

MAR 14 2008 PM 11:21

PROPERTY ADDRESS: 1803 Indiana Ave

DATE: 3/15/08

APPLICANT/RESIDENT WITH DISABILITY:

Irene Graham 10/1/23 84
NAME DOB AGE

NOTE: Applicant must be a registered, approved and bona fide resident of Trailer Estates Park and Recreation District.

Emotional Support Animal (only one) is identified/described as follows:

Species: (Circle one) Dog or Cat or Other: _____ (if Other, please identify)

Breed: Mini Pindaker

Color(s): Black + Tan

Size: 15 inches (height/length)

Weight: 8 lbs (Not to exceed 25 lbs.)

Fully grown?: Yes No (Circle one)

If not presently fully grown, state anticipated size and weight when fully grown:

18 inches (height/length), Weight: 10
(not to exceed 25 lbs.)

Pursuant to the Fair Housing Amendments Act of 1988, Applicant agrees to reside in mobile home with said Emotional Support Animal, as an accommodation for a disability, until residency on the property ceases for any reason, under the following conditions:

1. Said Emotional Support Animal shall be kept by Resident for companionship, and not for any commercial use or purpose.
2. Resident shall be required to annually present Board of Trustees competent written evidence of continuing medical necessity for said Emotional Support Animal as an accommodation of Resident's disability. Upon failure of Resident to furnish said written evidence of continuing medical necessity or upon termination of Resident's residency, the Emotional Support Animal shall be removed from Trailer Estates within fifteen (15) days.
3. In conjunction with each annual review of Resident's continuing need for the accommodation, Resident shall be required to present to the Board of Trustees written evidence of continuing compliance with Manatee County's license/registration requirements for the animal.
4. Concerning the conduct/behavior of said Emotional Support Animal, Resident acknowledges and agrees that Resident's right to keep said Emotional Support Animal on the property if further conditioned upon the following matters:
 - a. Said Emotional Support Animal shall not become a nuisance or health hazard.
 - b. Said Emotional Support Animal shall not be permitted to bark, whine or cry for excessive periods.
 - c. Said Emotional Support Animal shall not bite any person or other pet animal in the District.
 - d. Said Emotional Support Animal shall wear a collar at all times, with appropriate current Manatee County license tag, and be kept on a leash at all times when outside Resident's home but inside Trailer Estates.

TX409007

COPY

- e. Said Emotional Support Animal's feces shall always be promptly picked up by Resident or by such other person in control of Resident's Emotional Support Animal at the time, and placed in a sealed bag and disposed of in an appropriate garbage receptacle.
 - f. Said Emotional Support Animal shall not be walked on the private property of any other owner in Trailer Estates. Said Emotional Support Animal shall not be walked, for the purpose of relieving itself, in the common areas of Trailer Estates. Said Emotional Support Animal shall not be allowed in the District's recreational or other common area facilities except those areas, if any, which may be specifically designated by the Board of Trustees for such purpose.
 - g. Said Emotional Support Animal shall not be abandoned by the Resident.
 - h. Resident shall observe all applicable laws and ordinances concerning the care and control of said animal.
 - i. Resident shall be required to maintain adequate homeowner's insurance coverages to protect against personal injury and property damages resulting due to actions of Resident's Emotional Support Animal.
5. No replacement Emotional Support Animal shall be brought onto or kept on the property by Resident without first re-applying to the Board of Trustees for permission to keep an Emotional Support Animal on the property.

The Board of Trustees of Trailer Estates Park and Recreation District requires that the Resident prove there is a genuine need for the keeping of an Emotional Support Animal in a no-pet section of the District. Such proof must be offered in writing by the Resident's attending physician or other qualified medical professional. The continuing need for the Emotional Support Animal must be proven by periodic written updates of the Resident's physician's/qualified medical professional's statement.

ATTENTION: Attach written opinion of Physician/Qualified Medical Professional with length of physician/patient relationship in years, and with diagnosis of resident's disability and determination of genuine benefit to be derived from keeping of Emotional Support Animal due to functional limitations imposed by resident's disability. This must be submitted on Physician/Qualified Medical Professional's letterhead, a prescription pad is unacceptable.

Arnell J. Gorkham Date: 3/14/08
Signature of Resident

RULING ON APPLICATION FOR EMOTIONAL SUPPORT ANIMAL

X Jant Jones APPROVED OR DISAPPROVED Date: 3/17/08
For Board of Trustees (Circle One Choice Above)

Conditions or stipulations of Approval/
Explanation if Disapproved:

Schedule of Periodic Review: **ONCE EACH YEAR FROM DATE OF APPROVAL.**

Amended 09/17/01

TX409008

C 9/22/08

MANATEE COUNTY ANIMAL SERVICES
RABIES CERTIFICATE

Manatee County Animal Services
305 25th Street West
Palmetto, FL 34221

NEW Tag Number

Year: 08
Manatee Tag No.: 08 08708

VETERINARIAN
PLEASE COMPLETE RABIES
VACCINATION DATA, ANIMAL AND
OWNER INFORMATION

James A. Beamer, D.V.M.
FL 1907
03/14/2008

Owner's Name & Address PRINT Last: <u>Goehman</u> First: <u>Blaine</u>		City: <u>Brad.</u> State: <u>FL 34281</u>	
No. <u>1803</u>	Street: <u>Indians Ave</u>	PREDOMINANT BREED: <u>MIN PIN</u>	COLORS: <u>BROWN BIK</u>
SPECIES: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other		SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Sterilized	ANIMAL NAME: <u>Beans</u>
WEIGHT: <input checked="" type="checkbox"/> 3 Mo. to 12 Mo. <input type="checkbox"/> 12 Mo. or Older <input type="checkbox"/> Over 50 lbs.		VACCINE BRAND: <u>MEL</u>	VETERINARIAN'S LICENSE NO.: <u>1907</u>
DATE VACCINATED: <u>3/14/08</u> Month Day Year		MANUFACTURER: <u>MEL</u>	Veterinarian's Signature: <u>Dr. James Beamer</u>
VACCINATION EXPIRES: <u>3/14/09</u> Month Day Year		ROUTE: <input type="checkbox"/> IM <input type="checkbox"/> SQ <input checked="" type="checkbox"/> ME <input type="checkbox"/> SC <input type="checkbox"/> 1 YR VAC <input type="checkbox"/> 3 YR VAC (First 3 Letters)	Address: <u>1577 Florida Blvd</u>
Specify: <input type="checkbox"/> Microchip <input type="checkbox"/> Tattoo Number: _____		VACCINE LOT NO.: <u>18072A</u>	Phone: _____
White - Animal Owner Yellow - Animal Services Pink - Veterinarian		EXPIRATION DATE: <u>2/3/09</u>	

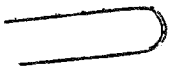
1511 Florida Blvd.
Bradenton, FL 34207
(941) 756-5544



COPY

March 13, 2008

To Whom It May Concern:



Sincerely,

[Handwritten signature]
Sanjay Yathiraj, M.D.

FAMILY MEDICINE

Robert Blackwood, M.D.
Daniel Amoah, M.D.
Scott Clulow, D.O.
Michael Holsworth, M.D.

NEUROPSYCHOLOGY

David Hobbs, Ph.D.
James McGovern, Psy.D.
Federica Priano, Ph.D.

NEUROLOGY

Francisco Esparza, M.D.
Sanjay Yathiraj, M.D.
Terry Hirvimaki, ARNP-C

NEUROSURGERY

Kevin Boyer, M.D.
George Martin, M.D.

BAYSHORE ANIMAL HOSPITAL
 1511 FLORIDA BLVD
 BRADENTON, FL 34207

CLIENT RECEIPT

Bayshore Animal Hospital
 1511 Florida Blvd.
 Bradenton, FL 34207
 (941) 756-5544

COPY

CREDIT I.D. : 00057907000101
 DEBIT I.D. : 0000006002201

DEBIT 6276
 DEBIT BATCH: 000697 INVOICE: 167602
 DATE: MAR 14, 08 TIME: 07:53
 AM: 00005270 AUTH NO: PROVED

TOTAL \$74.00

Page 1

3/14/2008

am
 1511 Florida Blvd.
 FL 34281

SIGNATURE NOT REQUIRED

THANK YOU & HAVE A NICE DAY

Balance forward: \$0.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
 ACCORDING TO CARD ISSUER AGREEMENT
 (MERCHANT AGREEMENT IF CREDIT VOUCHER)

Doctor	Qty	Description	Amount
IER		Chip #: Color: BLK/BRN Weight: 7 Age: 6 months 18 days	
03/14/08 Carol Ledford	1.00	James A. Beamer, D.V.M. Rabie (puppy or kitten)	\$16.00
	1.00	Distemper/Adeno/Para/Parvo	\$20.00
	1.00	Biohazard Waste Disposal	\$2.00
	1.00	Wellness Exam w\ vaccinations	\$30.00
	1.00	Manatee County Tag	\$6.00
		Credit Card Payment; #167602	(\$74.00)

Sub-Total: \$74.00

Tax: \$0.00

Total: \$74.00

Payments: (\$74.00)

Ending balance: \$0.00

OUTSTANDING PROCEDURES

Patient	Code	Description	Date Due
Beans	317	Annual Distemper/Parvo Vacc.	3/13/2009
	392	Manatee County Tag	3/13/2009
	385	Rabie (puppy or kitten)	3/13/2009

3/14/2008 11:01:14 AM

THANK YOU

TX40911011

HEALTH RECORD

COPY 08

Tracy's K & J Pets
 1024 State Road AA
 Fair Grove, MO 65648
 (417) 759-2561
 USDA#43B015

MO#1474

REFERENCE
05493

11238

CHIP: 481C7F4235 USDA#: T709944 Min Pin female COLOR: blk tn DATE OF BIRTH: 08/25/07 ACA#: MOABA0869543003 BREEDER: Danny Nungesser 1678 Pointer Rd, Mt Grove MO 65711 SIRE: ACA# ARABA0406916001 Shalako's Red Prince DAM: ACA# MOABA0744781001 Red Baby Bear
--

Health Record below lists all vaccines and deworming administered at our facility. Prior to entering our facility this puppy has met our pre-purchase requirements for vaccinations and dewormings.

TYPE	MANUFACTURER	LOT#	EXPIRE	DATE GIVEN
Parvo (V)	Vanguard	212264A	08-07	9/25 10/9
DA2MP (V)	Pfizer	1612470	05-08	10/7
Nemex II (W)	Pfizer	2210264	12-07	9/15 9/22 9/30
Albon & Flagyl (P)	Pfizer	157645	01-08	8/30 9/4
Progard KC (V)	ImmunoVet	04086013A	10-09	9/25

TX4012012