

**PENINSULA HOUSING AUTHORITY**

727 E 8<sup>th</sup> Street, Port Angeles, Washington 98362

Telephone (360) 452-7631 • Fax (360) 457-7001

Email: [info@peninsulapha.org](mailto:info@peninsulapha.org)

**REQUEST TO ALLOW A SERVICE ANIMAL**

This request is for \_\_\_\_\_ to maintain a service animal in their residence at \_\_\_\_\_.

The animal is a dog. Breed: \_\_\_\_\_

If the animal is not a dog the animal is a \_\_\_\_\_

The name the animal answers to is \_\_\_\_\_

Description: (Color, markings, tail, no tail, color of eyes, etc.)

Current size (small, medium, large): \_\_\_\_\_ Current weight: \_\_\_\_\_

Current license/Rabies tag number: \_\_\_\_\_ Date expires: \_\_\_\_\_

**NAMES OF OTHER PERSONS WHO WILL CARE FOR THE SERVICE ANIMAL IF**

**RESIDENT IS UNABLE TO DO SO: (You must list two.)**

1) Name \_\_\_\_\_ Phone: Day \_\_\_\_\_

Address \_\_\_\_\_ Phone Evening \_\_\_\_\_

City, state, zip \_\_\_\_\_

2) Name \_\_\_\_\_ Phone: Day \_\_\_\_\_

Address \_\_\_\_\_ Phone Evening \_\_\_\_\_

City, state, zip \_\_\_\_\_

**I have received a copy of the service animal policy and by my signature below agree to its terms and conditions.**

Print Name Applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



The Peninsula Housing Authority does not discriminate on the basis of race, color, creed, religion, age, familial status, marital status, national origin, sex, gender identity, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability in admission or access to its programs. If you need a reasonable accommodation, contact the PHA at (360) 452-7631.



# Certification by Veterinarian

PLEASE CHECK ALL THAT APPLY:

- The animal listed on the front side of this document is currently under my care and in compliance with all required and recommended inoculations, vaccinations or medical care.
- If not, please comment (for example: pet too young for certain vaccinations) and state recommended date for correction.

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Is the animal known to exhibit any aggressive behavior?

If so, please comment: \_\_\_\_\_

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The animal has been spayed/neutered. Date \_\_\_\_\_

The animal has not been spayed/neutered because \_\_\_\_\_

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Recommended date for procedure: \_\_\_\_\_

Veterinarian name \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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Signature

Date



**To: QUALIFIED INDIVIDUAL** (e.g., counselor, social worker, doctor, rehabilitation center, service agencies, self-help group, clinics, or other entity identified by the person requesting a Service Animal)

Print Name: \_\_\_\_\_ has requested that the Peninsula Housing Authority provide the following reasonable accommodation(s):  
*Describe: Emotional support/Service Animal—please detail a need* \_\_\_\_\_

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The Housing Authority is required by law to provide reasonable accommodations to disabled applicants/residents that will provide them with **equal opportunity to use and enjoy our housing programs, their unit and/or common areas**. The Housing Authority does **not** provide reasonable accommodation when the request is a matter of convenience or preference only.

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Please verify that the above requested accommodation: **(1) is related to the applicant’s / resident’s disability; and (2) would provide the applicant/resident with an equal opportunity to enjoy our housing programs or that the applicant’s/resident’s disability restricts them from performing this task.**

I, \_\_\_\_\_, **do/do not (please circle one)** believe that the above requested accommodation: (1) is related to the applicant’s/resident’s disability; and (2) would provide the applicant/resident with an equal opportunity to use and enjoy our housing or that the applicant’s/resident’s disability restricts them from performing this task.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Professional Title

\_\_\_\_\_  
Email

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make any willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**



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