

# CAMP FLORIDA POA PET/SERVICE ANIMAL/ESA APPLICATION FORM

To be completed by the property owner or rental agent prior to the animal being admitted to Camp Florida

NAME OF ANIMAL OWNER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS/LOT # WHERE ANIMAL(S) WILL BE STAYING \_\_\_\_\_

IS THE REQUESTOR A(N) \_\_\_\_\_ OWNER \_\_\_\_\_ RENTER \_\_\_\_\_ VISITOR \_\_\_\_\_

## ANIMAL #1

ANIMAL NAME \_\_\_\_\_ ANIMAL TYPE: \_\_\_\_\_ DOG \_\_\_\_\_ CAT  
\_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

VACCINATION RECORD ATTACHED? \_\_\_\_\_ YES \_\_\_\_\_ NO\* EXPIRATION DATE: \_\_\_\_\_

LICENSE OR RFID MICROCHIP NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IS THE ANIMAL AN EMOTIONAL SUPPORT ANIMAL? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF SO, IS THE ORIGINAL ESA LETTER ATTACHED? \_\_\_\_\_ YES \_\_\_\_\_ NO\*

IS THE DOG A SERVICE DOG BECAUSE OF A DISABILITY? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF SO, WHAT WORK OR TASK HAS THE DOG BEEN TRAINED TO PERFORM? \_\_\_\_\_  
\_\_\_\_\_

\*Application will not be accepted until requested information is provided.

## ANIMAL #2

ANIMAL NAME \_\_\_\_\_ ANIMAL TYPE: \_\_\_\_\_ DOG \_\_\_\_\_ CAT  
\_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

VACCINATION RECORD ATTACHED? \_\_\_\_\_ YES \_\_\_\_\_ NO\* EXPIRATION DATE: \_\_\_\_\_

LICENSE OR RFID MICROCHIP NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IS THE ANIMAL AN EMOTIONAL SUPPORT ANIMAL? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF SO, IS THE ORIGINAL ESA LETTER ATTACHED? \_\_\_\_\_ YES \_\_\_\_\_ NO\*

IS THE DOG A SERVICE DOG BECAUSE OF A DISABILITY? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF SO, WHAT WORK OR TASK HAS THE DOG BEEN TRAINED TO PERFORM? \_\_\_\_\_  
\_\_\_\_\_

\*Application will not be accepted until requested information is provided.