## **GolfVista Condo Association Inc.**

Managed by Argus Management of Venice Inc., 1062 East Venice Avenue, Venice, FL 34285 Tel: 941.408.7413 Fax: 941.408.7419 Email: frontdesk@argusvenice.com

## **ASSISTANCE ANIMAL INFORMATION REQUEST**

PLEASE PRINT GOLFVISTA Unit No.:	Unit Owner(s) Name:
Owner(s) Current Address	·
	Tel:
Date of Animal Occupancy	(from – to):
Name of Animal's Owner (	f different to Unit Owner):
Doctor Name:	Doctor Note provided Yes No
_ Doctor Address:	
Date of Last Conference w	ith Personal Health Care Provider:
Type of Animal: A	ssistance Animal Provides: Service: Emotional Support:
If a Service Animal, what is	s it trained to do:
1. The Owner of the Ani letterhead.	mal MUST provide Medical Authorization on Doctor's
	eashed a length no greater than 6 feet, with its Owner at all ssociation property and must NOT be left unattended outside
	ted on Association property MUST be cleaned up
	kept QUIET while in your unit and on Association property. rt Animal IS NOT allowed inside the fenced pool area or inside d is being served.
As the Owner of the Ani follow them could mean	mal, I understand the above conditions and that failure to removal of the animal.
Signed:	
For Office Use Only	
Approved by:	Date: