

STATE OF SOUTH CAROLINA)
)
COUNTY OF BEAUFORT)

AFFIDAVIT TO RECORD

IN RE: The Spa on Port Royal Sound Horizontal Property Regime

The attached documents are being recorded to comply with the South Carolina Homeowners Association Act, Title 27, Chapter 30, Section 110, et. seq., South Carolina Code of Laws (1976), as amended.

- Assistance Animal Request and Registration Form (Revised June 2021)

The Spa on Port Royal Sound Horizontal Property Regime

By: William B. Mullis

William B. Mullis

(Printed name)

Its: President The Spa on Port Royal Sound

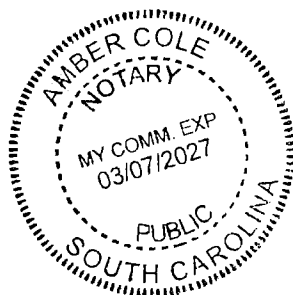
SWORN TO BEFORE ME

On this 17th Day of June, 2021.

[Signature]

Notary Public for South Carolina

My Commission Expires:



THE SPA ON PORT ROYAL SOUND
Assistance Animal Request and Registration Form
Adopted February 2019; Rev. Feb. 2021; Rev. June 2021)

Owner/Long-Term Renter Information

Name of Person Requesting Accommodation: _____

Villa No.: _____ Full Time or Part Time Resident: _____

Animal Type, Breed, Name: _____

Guest/Short-Term Renter Information

Name of Person Requesting Accommodation: _____

Villa No.: _____ Dates of Stay: _____

Animal Type, Breed, Name: _____

Complete this section only if you are requesting a reasonable accommodation for a Service Animal

1. Is the animal a dog (Yes/No): _____

2. Is the animal required because of a disability (Yes/No): _____

3. What work or task has the animal been trained to perform (please describe): _____

Complete this section if you are requesting a reasonable accommodation for an Assistance Animal

1. Does the requestor have a physical or mental impairment that substantially limits one or more major life activities (Yes/No): _____

2. Does the animal work, perform tasks, provide assistance, and/or provide therapeutic emotional support with respect to the individual's disability (Yes/No): _____

3. Please provide signed, dated documentation from a licensed health care professional* on their letterhead which includes:

- The professional's name and license number
- The patient's name
- Whether the patient has a physical or mental impairment

- Whether the health care professional has a professional relationship with that patient/client involving the provision of health care or disability-related services
- The type of animal for which the reasonable accommodation is sought
- Whether the patient needs the animal because of his/her disability; or because it provides therapeutic emotional support to alleviate a symptom or effect of the disability of the patient/client, and not merely as a pet

4. If the animal is not a domesticated animal that is traditionally kept in the home, the documentation from the licensed health care professional* must also include:

- The date of the last consultation with the patient
- The unique circumstances justifying the patient’s need for the particular animal
- Whether the health care professional has reliable information about this specific animal or whether they specifically recommend this type of animal

*Internet certificates alone do not suffice as health care professional documentation

Please complete this section for all assistance animals

1. For the health and safety of our residents and guests, please submit a copy of current vaccination records which include the following:

- Animal breed and name
- Date of last rabies vaccination
- Date of last distemper vaccination

2. For identification purposes, please submit a photo of the assistance animal.

Upon registration, a bandana will be provided to you with The Spa logo on it. We ask that the handler display the bandana (on the animal or on the leash) while the animal is outside of the dwelling unit. This will allow Security, staff, and other residents to identify the animal as being registered and permitted on property.

By submitting this request and registration form, I am verifying that all information contained herein is true and accurate. I understand that The Spa on Port Royal Sound is a no-pet community, and that I am seeking an exception to that rule for my assistance animal. I understand and agree that my animal must remain leashed at all times outside of my dwelling unit, that I am responsible for disposal of all animal waste, and that my animal may not create a nuisance (noise or otherwise) or provide a physical threat to any individual or other animal. Failure to abide by the rules of the Spa may result in fines and/or the removal of my animal from the community.

Signed: _____

If person seeking the accommodation is a minor, a parent or legal guardian must sign.

Date: _____