

Emotional Support / Psychiatric Service Animal Documentation

Carolina Designs welcomes guests with emotional support or psychiatric service animals in our managed vacation rental homes. Guests vacationing with emotional support or psychiatric service animas must provide documentation, including from their mental health/medical professional, prior to check in.

The following three-part form must be received and validated at least three days prior to check in. Upon validation, the form will be valid for 12 months from the date of the signature of mental health/medical professional signing it. The mental health/medical professional signing the form must be the professional treating the guest handling the animal.

Emotional Support/Psychiatric service animal guidelines

- Animals must be under the control of their handler at all times
- Animals must be leashed unless leashing interferes with their work
- Animals may not be left alone on the property at any time. This includes anytime the handler is outside the primary structure, such as at the pool area, the beach, or a restaurant.
- Guests traveling with multiple emotional support/psychiatric service animals must have one form validated for each animal

Instructions for this form

- 1. Complete the below information on this page if you are not the lease holder. If you are the lease holder, please check the appropriate box instead.
- 2. Complete the *Veterinary Health* page of this form (an official vaccination record may be substituted for this page)
- 3. Complete the *mental health/medical professional* page of this form. Note that this page must be completed by the professional treating the guest handling the animal.
- 4. Complete the Animal Behavioral Acknowledgement page of this form.
- 5. Email this form to reservations@carolinadesigns.com or fax to 252.261.2295

Lease Number _____

I am the lease holder

Guest-handler's name ______

Lease Holders Name ______



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Veterinary Health Page

To be completed by guest

Lease Number:

Guest Name:

Instructions for this page

This page must be filled out by a veterinary professional who provides medical care for the animal. You may submit a copy of the animal's official vaccination record if the record includes vaccination dates and the veterinary professional's office information.

Vaccination Information

Most recent rabies vaccination date:	Most recent distemper vaccination date:		

Veterinary Information

License number	License issued date	State where license issued	

Practice Name: _	Phor	e:
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Name (print)

Signature _____

Date _____



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Medical/Mental Health Page

To be completed by guest

Lease Number:

Guest Name:

Instructions for this page

This page must be filled out by a licensed and certified medical professional who provides medical care for the guest handling the animal. This information is kept secure and confidential.

Mark the check boxes to confirm the following:

I am a licensed medical/mental health professional treating the above-named guest's mental and/or emotional disability.

I certify that the guest has a mental health related disability listed in the Diagnostic and Statistical Manual of Mental Disorders and is under my care.

Medical/Mental Health License Information

License number	License issued date	State where license issued

Practice Name:	 Phone:	

Name (print) ______

Signature _____

Date _____



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Animal Behavioral Acknowledgement Page

To be completed by guest

Lease Number:

Instructions for this page

This page must be filled out by the guest handling the animal.

Mark the check boxes to confirm the following:

I have reviewed and understand the *Vacationing with service and support animals policy* as it is written on Carolina Designs' website, including the section related to animal behavior.

I certify that this animal is trained to behave in a public setting, including on the leased property, and obeys my direction upon command.

I understand that if my service animal displays inappropriate behavior or behavior contrary to a working animal, that the animal will be subject to Carolina Designs' pet policy, including immediate removal from the property if the property is a non-pet property.

Name (print) ______

Signature ______

Date _____