

**HOUSING AUTHORITY of the CITY OF CHEYENNE
ANIMALS THAT ASSIST THE DISABLED POLICY**

POLICY STATEMENT

The purpose of this policy is to ensure consistent application of requirements for Animals that Assist the Disabled, and to ensure compliance with health, safety, nuisance and emergency policies at public housing¹ Sites.

POLICY

1. All public housing properties under Housing Authority of the City of Cheyenne (Authority) management must allow persons with disabilities the use of animals that assist the disabled. Animals that assist the disabled may not be subjected to the same restrictions as pets because they are not pets. Therefore, no deposit is required, and animal size limitations do not apply. In no instance, however, will a reasonable accommodation be granted that results in a violation of City Code.
2. An assistance animal works, provides assistance, or performs tasks for the benefit of a person with a disability. Assistance animals perform many disability-related functions, including but not limited to guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability-related need for such support.
3. There are two general types of animals that assist the disabled; service animals and companion animals. Both are considered to be the equivalent of auxiliary aids, such as wheelchairs and TDD's (Telephone Device for the Deaf).
4. Service animals receive specific disability related training and are helpful in assisting disabled individuals in coping with their disabilities. Service animals will be limited to one for each disabled person. A reasonable accommodation request for an animal to be housed as an auxiliary aide will be required of each disabled tenant requiring such animal.

¹ Public housing as used throughout this policy refers to all properties owned and operated by the Cheyenne Housing Authority, including but not limited to Public Housing, HUD Multifamily Housing, bond-financed housing, and other owned units

5. **Companion animals may or may not have specific disability related training. Companion animals are helpful in assisting individuals in coping with their disabilities (especially mental disabilities). Companion animals generally are medically prescribed by a physician, psychologist, or duly authorized representative of a social service agency, rehabilitation center, clinic, etc.; a written statement by an authorized person for the need of a companion animal must be provided to the Authority prior to acquisition of a companion animal.**
6. **Companion and assistance animals must remain under the control of their owner.**
7. **Damages caused by companion or service animals are the responsibility of the tenant.**
8. **Sick or injured animals are the responsibility of the owner and immediate care must be provided to the animal. Failure to properly care for the animal(s) may result in Authority intervention, which may include removal of the animal from the household, eviction or other actions.**
9. **Where required, all animals will be inoculated against rabies, distemper, and other conditions in accordance with state and local laws.**
10. **Animal owners are required to immediately remove pet waste from Authority property. Tenant may be charged for costs related to cleaning up after a Tenant's animal.**
11. **Animal waste will be bagged and disposed of immediately in a dumpster.**
12. **Animal waste will not be disposed of in any receptacle or trash chute inside the building.**
13. **It is the sole responsibility of the animal owner to maintain and care for his/her animal in a sanitary manner. The owner must assure the sanitary condition of his/her housing unit and the premises, and to protect the health and safety of present tenants, guests, project owners, employees and the public.**
14. **All animals will be effectively restrained and under the control of the animal owner or responsible individual while in the project premises.**
15. **Authority must approve the reasonable accommodation request made for the animal prior to the animal being brought onto Authority's property. Tenant owners of**

companion and service animals must also register the animal with the Authority prior to the animal being brought on the Authority's property.

16. The animal owner will provide the name, address and phone number of one or more responsible parties who will care for the animal if the owner dies, is incapacitated, or is otherwise unable to care for the animal.

17. The local animal control entity will be called to remove an animal that becomes vicious, displays symptoms of severe illness, or demonstrates other behavior that constitutes an immediate threat to the health or safety of occupants of the project or other persons in the community where the project is located, based solely upon the opinion and observations of the Authority, it's staff, and/or it's agents.

Authorization for Assistance or Companion Animal

I have read and understand the Animals that Assist the Disabled Policy of the Housing Authority of the City of Cheyenne (Authority). I hereby agree to abide by this policy and understand that a violation of the policy may result in removal of the animal, charges assessed against me, and/or eviction.

Tenant Name (Please print)

Unit #

Tenant / Animal Owner

Date

Assistant or Service Animal's Name (Please print)

Description of Assistance or Service Animal (Ex: dog, cat, color, size, breed, gender):

Attachments:

1. Photo of Assistance or Service Animal
2. Inoculation Record and License, updated annually
3. Verification that animal has been spayed or neutered
4. Written statement documenting the need for an assistance or companion animal

Person to be contacted in an emergency:

The following person has agreed to care for the above assistance or companion animal if I for any reason become incapable or unable to care for the animal.

Name: _____

Address: _____

Phone: _____

Authority Representative

Date