



Pet Application



Applicant/Tenant Name: _____

Resident Apartment Number: _____ Name of Pet _____

Dog Cat Age of Pet _____ How long have you owned this pet? _____

Height of dog _____ Weight of dog _____

Dog owners, please provide proof of license.

Has your pet lived in rental housing before? _____

If so, fill in the following:

Name of Apartment Complex _____

Manager's Name _____

Telephone Number _____

Has your pet been spayed or castrated? _____ Yes _____ No

If your pet is a cat, has it been declawed? _____ Yes _____ No

Alternate Care Providers:

(Will be responsible for pet in case of emergency – cannot be another tenant who owns a pet).

a) Name: _____

Address: _____

Phone number: _____

b) Name: _____

Address: _____

Phone number: _____

Veterinarian:

Name: _____

Address: _____

Phone number: _____

You must provide veterinary records showing that your pet's inoculations are current, and proof of spay/castration and declawing (for a cat) or a veterinarians statement as to why this would be detrimental to the health of the pet.

This is to certify that all information is correct to the best of my knowledge. I have read the Pet Ownership Rules in the project handbook and fully understand their content. I accept financial responsibility for the entire amount of any damages or injury to persons or property which may occur because of my pet. I understand that there is a sixty (60) day probationary period for pet occupancy and that my apartment will be inspected approximately thirty (30) days after pet move-in.

Applicant/Tenant Signature

Date