

PET APPLICATION

Unit #: _____

Tenant Name: _____ Date: _____

Cat/Dog/Other: _____ Breed/Color: _____ Pet Name: _____

Dog Size: Small (1-25 lbs) Medium (26-40 lbs) Large (41-70 lbs) Extra Large (71+ lbs)

Male/Female Age: _____ Weight: _____

Pet has current Rabies shot: Yes / No When? _____

How often do you clean up yard excrement? _____

How often do you walk your pet? _____

Does pet wear a collar? Y / N Do you have a leash? Y / N

City/County License # _____

Is pet housetrained? Y / N Where does pet sleep? _____

Has pet ever broken through door, gate, screen, or window? Y / N

How often do you bathe pet? _____ How long have you had pet? _____

How did you acquire pet? _____

How often do you take pet to groomer? _____

Who takes care of pet when you're away or on vacation? _____

Has pet ever bitten anyone? Y / N Explain: _____

Has there ever been a complaint from the postal service regarding your pet? Y / N

Explain: _____

Does pet have a doghouse? Y / N Does pet remain in your fence now (doesn't escape)? Y / N

Insurance:

What company provides your liability insurance coverage? _____

What is the policy number? _____

Agent's name and phone number _____

What are the limits of your liability coverage? _____

Note: We may require to be listed as additional insured.

To Be Filled Out by Veterinarian:

All Pet Information Sheets Must Have Current Rabies Certificates Attached

Weight _____ General Description of Health: _____

Most Recent Date of:

Rabies: _____ Distemper: _____ Heartworm: _____ Kennel Cough: _____

Spayed/Neutered: Y / N When? _____

Comments and Warnings: _____

I verify that this animal has not exhibited aggressive behavior in my presence, and I have no reason to believe it will exhibit aggressive behavior.

Veterinarian Signature: _____ Date: _____

Printed Name: _____ Clinic Name: _____

NOTE: A photo of your pet must be attached to this application.