

# PET APPLICATION

## OWNER INFORMATION

Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Apt. No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## CONDITIONAL AUTHORIZATION FOR PET

You may keep the pet that is described below in the dwelling until the Lease Agreement expires. But we may terminate this authorization sooner if your right of occupancy is lawfully terminated or in our judgment you and your pet, your guests, or any occupant violate any of the rules in this Application.

(Please attach a photo of your pet here)

## PET INFORMATION

Pet's Name: \_\_\_\_\_

Type/Breed: \_\_\_\_\_ Yr Of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ License No. \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_ (yrs/mos)

Has your pet been spayed or neutered? YES  NO

Does your pet wear a collar w/visible ID? YES  NO

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Vet's Address: \_\_\_\_\_

Emergency Caretaker: \_\_\_\_\_ Phone: \_\_\_\_\_

Caretaker's Address: \_\_\_\_\_

Do you have a letter from your Vet stating that your pet is in good health and up-to-date on vaccinations? YES  NO

***Provide a report of vaccines and dates of administration, signed by a licensed veterinarian, confirming that the pet is current in its Rabies vaccination, and all other vaccines recommended by such veterinarian.***

Have there been any complaints about your pet at your current address? YES  NO

If so, what was the problem (and solution)? \_\_\_\_\_

Does your pet have any medical or behavioral problems? YES  NO

If so, what treatment or training has pet received? \_\_\_\_\_

Who cares for your pet when you are on vacation or away? \_\_\_\_\_

How much time does your pet spend alone each day? \_\_\_\_\_

How often do you treat your pet for fleas and ticks? \_\_\_\_\_

## FOR CAT OWNERS:

Do you keep your cat indoors? YES  NO

Does your cat use a litter box? YES  NO

## FOR DOG OWNERS:

Is your dog housetrained? YES  NO

Do you keep your dog on a leash when you go for walks? YES  NO

Do you always clean up your dog's waste when walking him? YES  NO

Have you and your dog completed a dog training class? YES  NO

Has your dog ever bitten anyone? YES  NO

I have read and understand the policies related to keeping pets in this rental property. I and all members of my household promise to fully comply.

Date: \_\_\_\_\_

Applicant \_\_\_\_\_

UNAUTHORIZED USE PROHIBITED

For Members Only  
Apartment Association,  
California Southern Cities  
Approved Form # F02 – 9/16



