

Authorization for Pet Ownership Form

Resident's Name _____ Date _____

Resident's Address _____

Pet type: Dog Cat Bird Other _____

Pets' Name _____ Pet's Sex (M/F) _____ Pet's Color _____

Pet's Age (Yr/Month) _____ Breed of Dog, Cat or Bird _____

Projected Adult Weight _____ lb. License or ID Number _____

Veterinarian Utilized Dr. _____

Address _____ Phone _____

The following responsible persons have agreed to care for the above pet, if I should for any reason become incapable or unable to care for my pet:

Name: _____

Address: _____ Phone No. _____

I have read the pet rules for Beaver Meadow Apartments and I agree to comply with those rules.

Resident's Signature: _____ Date: _____

Attach certificate signed by a local veterinarian or a State or local authority that the above named pet has received all inoculations required by applicable State and local law and proof that the pet has been neutered (spayed for females or castrated for males).

Resident has paid a pet deposit of \$ _____. **Attach Picture of Pet to this form.**

COR Watertown Company, LLC Representative

Date