Part I : INFORMATION			Completed by Resident					
Applicant's name		Address		Phone #'s	Т	ype of accomm	nodation	
PET INFO	Age of p	pet Size & Weight		of pet		Color Breed		
Name o	Name of pet: Gender: () female () male) male			
Will the	pet be i	inside, o	outside or both?					
will the pet be inside, outside of both.								
What ty	pe of ac	commo	dations for the p	et at the un	it?			
Name, phone number and contact information of person who will care for pet during owner's absence (work, at night, out of town) or during an emergency?								
Number	of curre	ent men	nbers residing in	the househo	ıld?			
Number of current members residing in the household?								
Do vou r	oguiro d	rooson	able accommode	tion with ro	an a at ta thia	not the not no	liou or not	
•			able accommoda e explain.	ation with res	spect to this	pet, the pet po	olicy or pet	
procedu	10: 11:30	, picasc	э схріані.					
			7					
You must provide management with the following:								
1) Identification tags for the animal - if applicable or available								
2) For Dogs - Proof of City of Chicago Dog License3) A picture of the animal								
0)	piotai		aimiai					

Resident Declaration I hereby certify that I acknowledge thePet Policy & Procedure and agree to abide by the terms of this Policy and Procedure. I understand that management approval of the animal described in this document is required before I can bring the animal onto the premises. I also understand that I am fully responsible for all damages that my pet may cause. I also certify that the information I have provided as part of this application is to the best of my knowledge and belief true and accurate.						
Resident Signature:	Date:					

Part II: VETERINARIAN VERIFICATIONS	Completed by Veterinarian				
Veterinarian's name Address Phone					
Veterinarian Verifications:	Neutered: () yes () no (If yes, attached record. If no, attach explanation.) Weight verified: lbs.				
Pet Shot/Inoculation record: (Ple	ease attach)				
pets. Please indicate the breed of one these breeds or mixed we Canine Breed: Is this canine of the Rottweiler, Chow or Doberman Pincher breed is this canine mixed with any pe	Pit Bull Terrier, eds? () Yes (circle which breed) () No rcentage of the Rottweiler, Pit Bull Terrier,				
Chow or Doberman Pincher breeds? () Yes (circle which breed) () No Veterinarian Declaration:					
I certify that the information I had knowledge and belief true and ad management company listed in to information I have provided or to pet application. Furthermore, I provide testimony in a court of la	ave provided as part of this pet application is to the best of my occurate. I understand that I may be contacted by the his application or by the Owner of the property to verify the provide further information about this animal in support of this understand that I may be contacted or otherwise subpoenaed to aw, administrative hearing and/or other legal action with respect ed related to this pet application.				
Veterinarian Signature:	Date:				

FOR OFFICE USE ONLY:						
Pet application fee \$50.00 Amount paid: \$ Date paid: \$	Pet desposit \$50.00 Amount paid: \$ Date paid: \$					
* () Waived as R/A	* () Waived as R/A					
Other verifications:						
Identified tag(s) received: () yes (Please attach) () no, explain						
Proof of City of Chicago Dog License: () yes (Please attach) () no, explain						
APPLICATION STATUS:						
() Approved - Enter notes into CCS & tenant file						
() Denied - Reason:						
() Further review required:						

