

## Pet Application

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

Resident's name: \_\_\_\_\_

Phone number: Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Apartment number: \_\_\_\_\_

Type of pet: \_\_\_\_\_

Pet's name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_

A **copy** of the information below must be presented to Highland Hills office from the Veterinarian providing the following information:

Name of clinic, Veterinarian's name, Phone number, Date of last vaccinations given, Type of vaccinations given, Date spayed or neutered

Certification from vet received on \_\_\_\_/\_\_\_\_/\_\_\_\_

**\$200 pet fee Received** \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident signature \_\_\_\_\_

Authorized by \_\_\_\_\_