



## PET APPROVAL FORM

Applicant Name:	Applicant Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

**Pet # 1** Please include a current photo of your pet

**Pet # 2** Please include a current photo of your pet

Pet Name <input type="checkbox"/> Dog <input type="checkbox"/> Cat			Pet Name <input type="checkbox"/> Dog <input type="checkbox"/> Cat		
Breed			Breed		
Color			Color		
Special Markings			Special Markings		
Height	Weight	Age	Height	Weight	Age
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Spayed <input type="checkbox"/> Neutered

(If pets are not yet licensed, applicant must do so within 30 days to comply.)

*Please note: We consider pets a serious responsibility and a risk to each resident in the dwelling. If you do not properly control and care for your pet, you'll be held liable if it causes any damage or disturbs other residents.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

### VETERINARIAN TO FILL OUT THE INFORMATION BELOW

I have examined the pet(s) listed above and acknowledge that it/they will not exceed a maximum height of 18 inches and weight of 20 pounds at full growth. Pets are current with all shots and licensed as required by the City of Lincoln.

\_\_\_\_\_  
Name of Animal Clinic

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

This document is required to be filled out and returned before final approval will be made for consideration of having a pet in one of our pet communities.

#### OFFICE USE ONLY

Rental Unit # \_\_\_\_\_ # of Pets: \_\_\_\_\_ (Maximum of 2) Non-Refundable Pet Fee Amount \$ \_\_\_\_\_

Manager Approval \_\_\_\_\_ Date \_\_\_\_\_