Animal Application

Student Name:										_
Phone Number:										_
Email:										
What type of animal d										
Age? Breed		Sex?			Weight?					
How long have you ov	wned th	e animal?								_
Will you pay the Non-refundable Animal Fee of					0?		No		Yes	
Will you provide a refe	erence f	or your ar	nimal fro	om a pre	evious la	ndlord o	r your ve	terinaria	n?	
		Yes		No						
ls you animal regularl	y vaccir	ated and	treated	for flea	s/ticks?					
Vaccinated		No		Yes						
Fleas		No		Yes/What brand?						
Ticks		No		Yes/What brand?						
Do you have someone	e to car	e for your	animal	in case	of an en	nergency	<i>'</i> □	No		Yes
Is your animal spayed/neutered?				No			Yes			
If No, do you plan to have your ani				spayed	/neutere	d? □	No		Yes	
Will you bring your pe	asked?			No		Yes				
				Cats (<u>Only</u>					
Is your cat trained to use the litter box?					No		Yes			
				Dogs (<u>Only</u>					
How often to you walk	k your d	og?				······································				
Will you clean-up afte	r your d	og every	time it g	joes to t	he bathr	oom and	l properly	y dispose	e of the	waste?
		No			Yes					
How often will your dog be left alone?						_ For ho	w long?			
Is your dog housebrol	ken?		No		Yes					
How does your dog g	et along	with strai	ngers?					 		_
Is your dog licensed?			No		Yes					
			<u>(</u>	Other A	nimals					
Will you keep the cag	e/tank c	leaned ar	nd dispo	se of w	aste pro	perly?		No		Yes
Sign:						Date				