



TENANT INFORMATION

Today's Date _____

Tenant's Name _____

Parkheiser Rental Address _____

Address Line 2 _____

Home/Cell Phone Number _____ Work Phone Number _____

RENTER'S INSURANCE INFORMATION

Policy Number _____

Agency _____ Phone Number _____

Address _____

PET'S EMERGENCY CARETAKER

(someone local who does not live in your household)

Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____

PET'S VETERINARIAN INFORMATION

Name _____ Phone Number _____

Clinic Name _____

Clinic Address _____

PET INFORMATION

Pet's Name _____

Animal type: Dog Cat

Breed _____

Weight: _____ pounds Age: _____

License/ID # _____

Sex: Male Female

Spayed/Neutered? Yes No

If "yes" to above, when? _____

Is pet up-to-date on all shots? Yes No

What is the pet's rabies tag number? _____

Name and phone number of vet where rabies and other shots were administered: _____

Has pet ever bitten anyone? Yes No

Has pet ever been quarantined for any reason?

Yes No

If "yes" to above, why?

Do you have any knowledge or ever suspected that pet could be dangerous and might have bitten someone?

Yes No

Where does the pet stay during the day?

Where does the pet sleep at night?

PLEASE ATTACH A PHOTO OF THE PET REFERENCED IN THIS APPLICATION.