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| Oak View Luxury Homes, LLCPet Application |
| The purpose of this application is to determine whether your pet(s) qualify to live in one of the homes at Oak View Luxury Homes, LLC. If their application is approved, the landlord and you shall sign a Pet Policy and a Pet Agreement.  |

**General Information**

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| Name of Pet Owner:  |
| Current Address:  |
| Home Phone: | Cellular Phone: |
| Work Phone: | Email: |

**Pet Information** (List all pets, including mammals, reptiles, birds, fish, rodents, or insects)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Pet | Type | Breed | Age | Sex | Weight | Neutered or Spayed? | Declawed? |
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**Pet’s Veterinarian(s)**

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| --- | --- | --- |
| Veterinarian’s Name | Address | Phone |
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**Renter’s or Homeowner’s Insurance**

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| --- | --- |
| Agency: | Phone: |
| Address: |

**Pet’s Emergency Caretaker(s)**

(Someone who will care for your pet when you are on vacation or during a medical emergency.)

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| Caretaker’s Name | Address | Phone |
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| **References** Please list references who know you and your pet and who would be willing to discuss your pet with us. You may choose to list people such as your neighbors, dog trainer, landlords, etc. If you have written references and/or a pet resume, please attach it to this application |
| Name | Position | Phone Number |
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| **Questions for all Pet Owners:**1. Can you provide a letter or other documentation from your veterinarian stating that your pet is in good health and is up to date on all vaccinations? YES / NO
2. Can you provide a written reference for your pet(s) from your current landlord? YES / NO
3. Have there been any complaints about your pet(s) at your current address? YES / NO
4. Did your pet(s) cause any damage at your current address? YES / NO
5. May I contact your current landlord to discuss your pet further? YES / NO
6. May I visit you and your pet(s) at your current address? YES / NO
7. Does your pet have any medical or behavioral problems? YES / NO
8. If your pet has medical or behavioral problems, what treatment or training is he receiving?

**Questions for Cat Owners:**1. Does your cat use the litter box that you provide? YES / NO
2. Do you treat your cat for fleas or ticks? YES / NO

**Questions for Dog Owners:**1. Is your dog licensed and wearing a collar with visible identification? YES / NO
2. Is your dog housetrained? YES / NO
3. Have you and your dog completed a dog training class? YES / NO
4. Has your dog ever bitten anyone? YES / NO
5. Does your dog get along with other animals and people? YES / NO
6. Do you keep your dog on a leash when you go for walks? YES / NO
7. How much time does your dog spend alone each day? NONE / 1–4 HRS / 5-9 HRS / Over 9 HRS
8. How often do you treat your dog for fleas or ticks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
9. How much and how often do you exercise your dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
10. Where do you exercise your dog?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
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