

- APPROVED
 NOT APPROVED

Name: _____ Date: _____

Address: _____ Unit #: _____

Phone: _____ Email: _____

Do you currently have a pet? _____

NOTE: Our Declarations only allow a maximum of 2 pets with a 40lb adult weight limit.

If you answered yes, to the question above, please provide the following:

Pet's Name: _____ Breed: _____

Pet's DOB: _____ Type (Cat/Dog): _____ Weight: _____

PLEASE ATTACH ALL VACINATION RECORDS FROM VET WITH BREED AND WEIGHT LISTED

New Pet Application

PET 1:

Pet's Name (if decided): _____ Breed: _____

Pet's DOB: _____ Type (Cat/Dog): _____ Weight: _____

PET 2 (If you don't already own a pet):

Pet's Name (if decided): _____ Breed: _____

Pet's DOB: _____ Type (Cat/Dog): _____ Weight: _____

Please complete, attach, and sign this form with the following information:

1. A copy of vaccination records from your Vet with your pet's breed, weight, and age.
2. A Photo of your pet(s).

Resident's Signature: _____ Date: _____

Authorized Association Signature: _____ Date: _____

Please email this form and all supporting documentation to: forms@swintonsquare.com