

Circle Capital

527 E. First Street #101 ♦ Long Beach, CA 90802
Phone: (562) 607-4224 ♦ Fax: (562) 437-4242

PET APPLICATION

OWNER INFORMATION

Name

Address City

Home Phone Work Phone

PET INFORMATION

Pet's Name: _____

Type/Breed: _____ Sex: _____

Weight _____ Color _____

Year of Birth: _____ License No. _____

How long have you owned this pet? _____ (yrs/mos)

Has your pet been spayed or neutered? YES _____ NO _____

Does your pet wear a collar w/visible ID? YES _____ NO _____

Veterinarian: _____

Phone: _____

Vet's Address: _____

Emergency Caretaker: _____

Phone: _____

Caretaker's Address: _____

Do you have a letter from your Vet stating that your pet is in good health and up-to-date on vaccinations? YES _____ NO _____

Have there been any complaints about your pet at your current address? YES _____ NO _____

If yes, what was the problem (and solution)? _____

Does your pet have any medical or behavioral problems? YES _____ NO _____

If so, what treatment or training has pet received? _____

Who cares for your pet when you are on vacation or away? _____

How much time does your pet spend alone each day? _____

How often do you treat your pet for fleas and ticks? _____

CAT OWNERS:

Do you keep your cat indoors? YES _____ NO _____

Does your cat use a litter box? YES _____ NO _____

DOG OWNERS:

Is your dog house trained? YES _____ NO _____

Do you keep your dog on a leash when you go for walks? YES _____ NO _____

Do you clean up your dog's waste when walking him? YES _____ NO _____

Have you and your dog completed a dog training class? YES _____ NO _____

Has your dog ever bitten anyone? YES _____ NO _____

I have read and understand the policies related to keeping pets in this rental property. I and all members of my household promise to fully comply.

Applicant: _____

Date: _____

