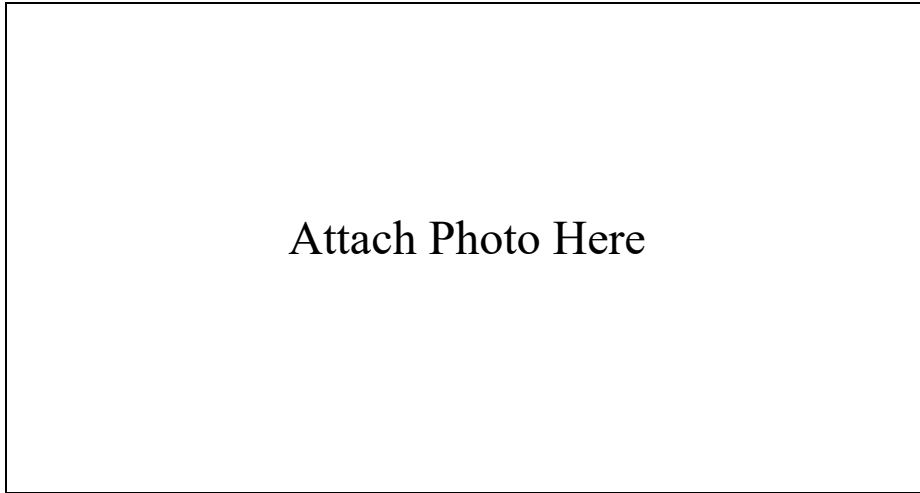




379 South I Street
Livermore, CA 94550
Phone: (925) 447-2367
Fax: (925) 449-8352
License #960461

Pet Application Form



Name of pet owner: _____

Pet Information:

Name: _____ Breed: _____ Age: _____ Height: _____ Weight: _____ Sex: M/F
Name: _____ Breed: _____ Age: _____ Height: _____ Weight: _____ Sex: M/F

Is your pet(s) current on all vaccinations? _____
Is your pet(s) on Program or Advantage? _____
Has your pet(s) been spayed or neutered? _____
If no, then why not? _____

Pet References:

Veterinarian name and phone #: _____
Address: _____

Pet Emergency Care Giver: _____
Address: _____
Home phone: _____
Work phone: _____
Cell phone: _____

The inclusion of this pet application does not mean that the property you are applying for will accept a pet or multiple pets. Applicant represents statements above are true and hereby authorize verification. Applicant agrees to hold harmless both AVR Properties and others providing information from any liability for verification of information.

Printed name: _____
Signature: _____ Date: _____