



PO Box 354, 126 Old Mammoth Road, Ste. 201
 Mammoth Lakes, CA. 93546
 Ph: 760-934-4455 Fax: 760-924-3338
 View all available properties at: www.blizzardpm.com

PET APPLICATION

You must complete the application in full. This pet application does not guarantee pet approval on property

OWNER INFORMATION			
Owner Name			
Cell		Work Phone:	
Email			
Pet Information			
Pet's Name		Type/Breed	
Date of Birth		License No	
Sex		License expiration	
How long have you owned your pet (yrs/mos)?			
Has your pet been spayed or neutered? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does your pet wear a collar with visible ID? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have a letter from your Vet stating that your pet is in good health and up-to-date vaccinations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Does your pet have any medical or behavioral problems? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If so, what treatment or training has your pet received?			
Who cares for your pet when you are on vacation or away?			
Contact: Name:		Phone:	
Is your pet crate trained? <input type="checkbox"/> YES <input type="checkbox"/> NO		Where does your pet stay while you are at work?	
How much time does your pet spend alone each day?			
How often do you treat your pet for fleas and ticks?			
PET RENTAL HISTORY			
Current Address		Dates at this address	
Landlord's name		Phone #	
Is this landlord aware of the pet on the property?			
Previous address		Dates at this address	
Landlords' name		Phone #	
Was this landlord aware of the pet on the property?			
Cat Owners:			
Do you keep your cat indoors?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your cat use a litter box?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Dog Owners:			
Is your dog house trained?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you keep your dog on a leash when walking?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you clean up pet waste?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you and your dog completed a training class?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has your dog ever bitten anyone?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
REFERENCES, provide at least two for pet			
Name:		Phone	
Relationship with pet		Length of time known	
Name:		Phone	
Relationship with pet		Length of time known	

(Please attach a photo of your pet here)

THIS IS NOT AN APPROVAL TO HAVE YOUR PET ON THE PROPERTY, THIS FORM IS JUST AN APPLICATION. PLEASE SIGN BELOW TO ACKNOWLEDGE THIS IS NOT AN APPROVAL

X _____ DATE: _____

PET OWNER SIGNATURE

FOR MANAGEMENT USE ONLY - DO NOT WRITE BELOW

VERIFIED	DATE	REMARKS
Vaccination Check		
Landlord-Previous		
License check		
In office meet with pet		
Reference		
Reference		

STATUS	DATE	NOTES
Owner Notified <input type="checkbox"/> Verbal <input type="checkbox"/> Voicemail		
Application <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Notified App <input type="checkbox"/> Verbal <input type="checkbox"/> Mail <input type="checkbox"/> Voicemail		