



PET APPLICATION REQUEST FORM

1. PET DETAILS

TYPE:	GENDER: <input type="radio"/> M <input type="radio"/> F	SIZE/WEIGHT OF PET (kg):	AGE OF ANIMAL:
VACCINATED: <input type="radio"/> YES <input type="radio"/> NO	DESEXED: <input type="radio"/> YES <input type="radio"/> NO	MICRO-CHIPPED: <input type="radio"/> YES <input type="radio"/> NO	

2. APPLICANT DETAILS

TITLE: <input type="radio"/> MR <input type="radio"/> MRS <input type="radio"/> MS	
FIRST NAME:	LAST NAME:
ADDRESS:	TELEPHONE:
EMAIL:	MOBILE:

I (the applicant):

OF (address):

- Understand that I must not, without the prior written approval of the AHC, keep any animal/s (except fish kept in a secure aquarium) on the lot or the common property.
- I will not be allowed to have a dog if it is:
 - Restricted according to the Companion Animals Act 1998
 - Declared a dangerous dog by local council/ court under the Companion Animals Act 1998
- I understand that I am responsible for any damage to common property caused by my pet and will pay the AHC immediately for any costs regarding the damages.
- I understand that I am responsible for cleaning up after my pet.
- I understand that I must always accompany my pet on a lead whilst on property.
- I accept full responsibility for any claims or injuries to third parties or their properties caused by or because of my pet's actions.
- I acknowledge that it is my responsibility as the pet owner to monitor the noise from my pet and be mindful of my neighbours.
- I understand that completing this form does not guarantee accommodation for my pet.
- Failure to comply with the above terms and conditions, will result in the removal of the pet from the AHC property.

SIGNED:

DATED:

CHECK LIST: (Tick Box)	<input type="radio"/> MICROCHIP	<input type="radio"/> VACCINATION	<input type="radio"/> PICTURE OF ANIMAL(S)	<input type="radio"/> MICROCHIP INFORMATION	<input type="radio"/> VACCINATION INFORMATION
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