



PET APPLICATION

1. Pet Description

Name of Pet: _____

Type of Pet: _____

Breed: _____

Size (height and weight): _____

Colour: _____

Age: _____

Resident has owned pet since: _____

Comments: _____

2. Licensing and Vaccinations

City of Calgary Pet License

License Number: _____

Expiry: _____

Proof of Vaccination:

Veterinarian: _____

Vaccination effective dates:

Proof of Spay or Neuter

Veterinarian: _____

Effective date: _____

3. Required Information

The resident will notify Silvera of any changes to this information:

Alternate Caretaker for Pet (#1)

Name: _____

Address: _____

Phone numbers: _____

Email: _____

Alternate Caretaker for Pet (#2)

Name: _____

Address: _____

Phone numbers: _____

Email: _____

Veterinarian:

Doctor: _____

Clinic: _____

Office Phone: _____

Email: _____

****A non-refundable pet deposit in the amount of \$150.00 is required prior to pets moving in.****

For Office Use Only

Approved

Declined. Reason _____

Community Manager (print name)

Date

Community Manager (signature)