

CORPORATE ADDRESS

366 N. BROADWAY
SUITE 407
JERICHO, NEW YORK
11753
PH (516) 938-7777
FAX (516) 938-7781



PARK LOCATION

1 TESS DRIVE
LAFAYETTE, NJ 07848
PH (973) 383-8689
FAX (973) 579-3979
CARRIAGE.NJ@GMAIL.COM

PET ADDENDUM

This addendum is to be read in conjunction with and is a part of the attached lease including all renewals thereof. Any breach of this addendum is deemed to be a substantial breach of the Lease for which the Landlord reserves the right of re-entry and all remedies available under the law. It is hereby mutually understood that for the entire term of the lease (including any renewals thereof) that the Tenant(s) and/or Resident(s), if given permission to have and keep a pet(s) on the said premises, will be granted only under the following conditions:

1. The pet(s) will not be permitted to run loose.
2. The pet(s) will be on a leash no longer than six feet (6') at all times, pets are not to be left outside unattended.
3. I/we will clean up any pet waste immediately.
4. I/we understand that if my/our pet acts inappropriately, that it may be denied occupancy and/or be asked to be removed from the premises.
5. I/we confirm that this animal has been trained to behave in a public setting and takes direction under my command.
6. I/we have read and agree to the Lease Agreement and Rules and Regulations regarding pets.

Pet Type:	Breed:	Color:	Age:	Weight:	Date Acquired:	License #:	Rabies Exp:	ESA/Service*

* If the pet(s) is an Emotional Support or Service Animal, I/we understand I/we will be required to submit the following documentation and update them annually:

- 1) Written authorization from your mental health professional on their letterhead (not more than one year old), which includes their license number, title, address, the jurisdiction of practice or where the license was issued, phone number and signature. I/we understand the mental health condition must meet the requirements in the 4th edition of the *Diagnostic and Statistical Manual*.
- 2) Copy of current vaccination history, rabies certification, and veterinary office information.

If these documents are not submitted annually, I/we agree that ESA/Service status of the pet may be terminated and standard pet fees may apply. I/we understand that all Rules and Regulations pertaining to pets apply to my/our ESA/Service Animal(s).

I/we do not have a pet, I/we agree to inform management if I/we ever decide to get a pet.

If any of the above information is false, I/We agree that the landlord has the right to evict.

Signature: _____ Dated: _____

Printed Name: _____

Signature: _____ Dated: _____

Printed Name: _____