

Application for Pet Approval

Applicant Info Name:

Name:	Phone #:		Owner Tenant
Email:		Jnit #: Add	dress:
Pet Info			
Pet #1			
Species of Pet: Breed of Pet:		Gender:	
Age: Height:	Weight	: Color / Ma	ırkings:
Spayed /Neutered:	Yes No	City License No	umber:
Pet #2			
Species of Pet: Breed of Pet:			Gender:
Age: Height:	Weight	: Color / Ma	ırkings:
Spayed /Neutered:	Yes No	City License No	umber:
Pet #3			
Species of Pet: Breed of Pet:			Gender:
Age: Height:	Weight	: Color / Ma	ırkings:
Spayed /Neutered:	Yes No	City License No	umber:
Pet #4			
Species of Pet: Breed of Pet:			Gender:
Age: Height:	Weight	: Color / Ma	arkings:
Spayed /Neutered:	Yes No	City License No	umber:

Pet Rules and Guidelines:

Please ensure you read and abide by all By-Laws and Policies as they refer to pets. In addition, your co-operation in maintaining the following rules are greatly appreciated.

- 1) Photograph of each pet must be provided at time of application
- 2) All dogs must be licensed within the by-laws of the Regional Municipality of Wood Buffalo.
- 3) Defecation on common property must be cleaned up immediately.
- 4) Dogs must be on a leash no longer than six (6) feet long at all times.
- 5) Excessive barking will be treated as a noise complaint.
- 6) Cats must be confined inside the unit and not allowed to wander at large.
- 7) Pets are not to be tied to patios/balconies for long periods of time/when owners are not home.
- 8) Pet waste/litter must be tied in a plastic bag and placed directly in the garbage bin.
- 9) Owners will be responsible for ANY/ALL damages caused by their pets.
- 10) Must not interfere with other occupant's enjoyment of the property
- 11) Approval is specific to these particular pets, any new pets must obtain additional approval
- 11) PETS WILL ONLY BE ALLOWED AT THE DISCRETION OF THE BOARD OF DIRECTORS.

l,have read the Bylaws, Pet Rules ar comply will result in fines as per th privileges are lost, pets will need t	nd Guidelines and agree to adher ie bylaws, up to \$1,000, and coulc	re to them at all times. Failure to divide the result in loss of pet privileges. If
Landlord approval of this applicati	ion is required (if applicable)	
Signature of Applicant:		Date:
Owner / Landlord Name:	(please print)	
Owner / Landlord Signature:		Date:
Board Representative:	(please print)	
Board Approval:		Date:
All requested information must be inclu	uded, or the form will be returned to y	ou for completion, prior to processing.
Please return this completed f	form to 20 20 Management by em	nail, mail or direct to our office

780-714-0812 | Info@2020management.ca | 2020management.ca 209 Graystone Place, 9714 Main Street, Fort McMurray, AB, T9H 1T6 AFTER HOURS EMERGENCY LINE 780-714-1884

