

Veterinarian Certification

The person listed below is a tenant/applicant of the above named apartment complex, which requires registration of all animals residing on the premises. Animals without the following information on file will not be allowed continue to reside at the property.

Your cooperation in completing the requested information will be greatly appreciated.

Tenant Name: _____

Animal Name: _____

Animal Description: _____

Registration of the animal at the property requires that the animal has received and is current on all inoculations required under State and Local law for this type of animal. Please indicate the status of the following:

Type	Weight	Rabies	Distemper	Parvo-Virus	Other
Dog	_____	_____	_____	_____	_____
Cat	_____	_____	_____	_____	_____

Date of booster shots

Dates	Type of Inoculation

Comments: _____

Veterinarian's Name

Veterinarian's Signature

Date