PET APPLICATION FORM

COMPLETE AND SEND BACK TO FAX: 0865 0265 70
-OR- SCAN AND E-MAIL TO angeliqued@pretor.co.za
ALTERNATE CONTACT No. (Angelique Den Held Le Roy): 012 483 2333

Please note that permission is not required to keep fish. Spiders and reptiles and Cats may not be kept on the premises. Please refer the Conduct Rules for more information regarding pets.

UNIT NO: _____ E-MAIL ADDRESS: _____

NAME & SURNAME: _____

POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

CONTACT NUMBERS: _____

I hereby apply to keep the following pet(s). *(NOTE: A maximum of two small pets are allowed per unit)*

1. Type of Pet (e.g.: dog/cat/bird etc) : _____

Breed of Pet (e.g.: Maltese Poodle) : _____

Age of Pet: _____ Gender: _____

Copy of Sterilization Certificate Attached: Yes/No _____

Approval from owner attached: Yes/No

2. Type of Pet (e.g.: dog/cat/bird etc) : _____

Breed of Pet (e.g.: Maltese Poodle) : _____

Age of Pet: _____ Gender: _____

Copy of Sterilization Certificate Attached: Yes/No _____

Approval from owner attached: Yes/No _____

SIGNATURE: _____ DATE: _____

APPLICATION: APPROVED / DENIED DATE: _____

SIGNATURE: _____
(BODY CORPORATE/MANAGING AGENT)