OLIVE GROVE Body Corporate

Application to keep a pet/s

UNIT NO: _____

NAME & SURNAME: _____

POSTAL ADDRESS: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

I hereby apply to keep the following pet/s. A maximum of two small pets per unit is allowed.

Type of Pet (1) (eg: dog/bird etc) : _____

Breed of Pet (eg: Maltese Poodle) : _____

Age of Pet: _____ Male or Female: _____

Copy of Sterilization Certificate Attached: Yes/No _____

Written approval from registered owner of the unit attached: Yes/No_____

I confirm that the pet will wear a nametag at all times: Yes _____

Type of Pet (2) (eg: dog/bird etc) : _____

Breed of Pet (eg: Maltese Poodle) : _____

Age of Pet: _____ Male or Female: _____

Copy of Sterilization Certificate Attached: Yes/No _____

Written approval from registered owner of the unit attached: Yes/No_____

I confirm that the pet will wear a nametag at all times: Yes_____

SIGNATURE: _____ DATE: _____
PET OWNER

APPLICATION APPROVED/DENIED DATE: _____

SIGNATURE: _____
(BODY CORPORATE/MANAGING AGENT)