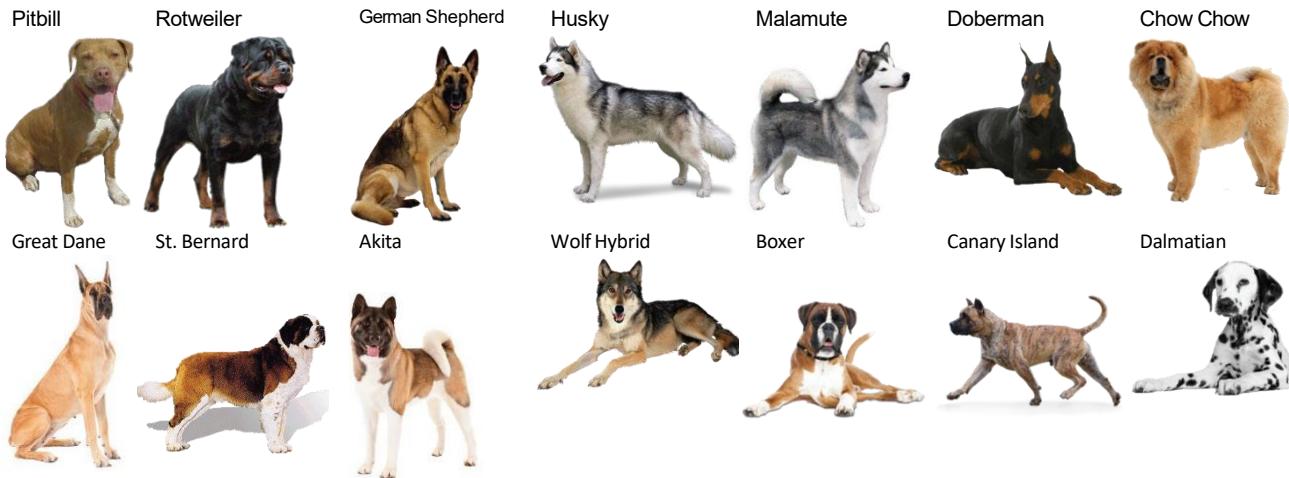


Pet Policy

GENERAL GUIDELINES: Pets limited to two (2) pets per unit up to 75 lb. max. weight upon maturity. Landlord and Resident must sign Landlord's standard Pet Addendum.

- **CATS & DOGS:** must be spayed or neutered (except for an assistance animal)
- **DOMESTIC CAGED MAMMAL:** equal to one (1) pet; to include only the following: birds, rabbits, hamsters, chinchillas, gerbils, guinea pigs, or ferrets
- **REPTILE or AMPHIBIAN:** equal to one (1) pet; must be non-poisonous and non-venomous
- **STRICTLY PROHIBITED:** Caged mammals other than those specifically listed above, exotic animals, poisonous/venomous fish/reptiles/amphibians, any non- domesticated mammal (wild life), livestock
- **PROHIBITED DOG BREEDS***: Pit Bull (American Staffordshire Terrier), Rottweiler, German Shepherd, Husky, Malamute, Doberman Pinscher, Chow Chow, Great Dane, St. Bernard, Akita, Dalmatian, Boxer, Canary Island Dog, and Wolf hybrid as well as any dog that is has a mix of above breeds.
- **AGGRESSIVE BEHAVIOR:** Pets who exhibit aggressive or other dangerous or potentially dangerous behavior are prohibited.

*This list is subject to change at Landlord's sole discretion without notice.



PET REQUIREMENTS (CATS AND DOGS ONLY):

- \$25 for 1 pet, \$40 for 2 pets per month pet rent premium added to monthly rental rate
- \$250 for 1 pet, \$400 for 2 pets additional refundable* security deposit
- \$250 for 1 or 2 pets non-refundable pet fee

*Pet security deposit will only be refunded if the unit/property does not have pet damage at the time of move-out.

APPLICATION: The following documents must be submitted before obtaining a pet. (Not applicable to caged mammals, reptiles or amphibians). Documentation for Emotional Support Animals or Service Animals must be submitted along with the pet application.

- **CATS AND DOGS**
 - Pet Application (to be completed by resident)
 - Pet Resume (to be completed by resident)
 - Health Report (to be completed by veterinarian)



Pet Application

Your pet is as important part of our community and this information will be helpful for our management staff to better serve you and our other residents. Please fill out this questionnaire as completely as possible.

Address: _____ Unit: _____

Pet Owner's Name: _____

ALL PET OWNERS					
What type of pet do you have?					
How old is your pet?					
How long have you owned your pet?					
Do you have current health records from your vet stating that your pet is in good health, and up-to-date on vaccinations?	Yes		No		
Where is your pet housed during the day, and at night?	Day: Night:				
Has your pet ever displayed aggressive tendencies toward other people or animals?	Yes		No		
Do you have a letter of recommendation from your current landlord and/or veterinarian?	Yes		No		
Have there been any complaints about your pet from neighbors?	Yes		No		
Has your pet ever caused significant damage resulting in the forfeiture of any or all of your security deposit?	Yes		No		
If yes, what was the nature of the complaint?					
Does your pet have any medical and/or behavioral issues?	Yes		No		
If yes, what is the method of treatment your pet is receiving?					
Would you object to having a member of our staff visit you after you move in to see how your pet is adjusting to the new home?	Yes		No		
What will care arrangements be for your pet while you are away for extended periods?					
DOG OWNERS					
Has your dog been spayed or neutered?	Yes	No	Have you ever had issues with barking or other noise complaints?	Yes	No
Is your dog crate-trained?	Yes	No	Has your dog ever had formal obedience training?	Yes	No
Is your dog house-trained?	Yes	No	If yes, when was the training?		
Is your dog license current?	Yes	No	What are your habits with regard to walking and picking up after your dog?		
How much time does your dog spend alone each day?			When you walk your dog is it always on a leash?	Yes	No
CAT OWNERS					
Has your cat been spayed or neutered?	Yes	No	ADDITIONAL COMMENTS:		
Is your cat litter trained?	Yes	No			
Is your cat license current?	Yes	No			
Has your cat ever had issues with urination or using the litter box?	Yes	No			



Pet Resume

Your pet is as important part of our community and this information will be helpful for our management staff to better serve you and our other residents. Please fill out this questionnaire as completely as possible.

This section is to be completed by Pet Owner.

Address: _____ Unit: _____

Pet Owner's Name: _____

PET INFORMATION	
Pet's name	
License #	
For dogs: activities and training	
EMERGENCY CONTACTS	
1. Name	
Relationship to pet	
Comments	
2. Name	
Relationship to pet	
Comments	
3. Name	
Relationship to pet	
Comments	

Pet Owner's Signature

Pet Owner's Name Printed

/ /
Date

Place a photo
of your pet(s)
here or email a
copy to the
leasing office



Pet Health Report/Veterinarian Certification of Breed & Temperament

Your pet is an important part of our community and this information will be helpful for our management staff to better serve you and our other residents. **This section is to be completed by Veterinarian.**

Address: _____ Unit: _____

Pet Owner's Name: _____

PET INFORMATION			
Pet's name			
License # and date			
Veterinarian/hospital name			
Vet's telephone number			
Vet's address			
DESCRIPTION OF HEALTH			
Pet's age			
Has pet been sterilized?	Yes	No	
Gender	Male	Female	
Type	Color	Weight	Breed
Other marks/traits			
Rabies vaccination license #			
Rabies vaccination date		Distemper vaccination date:	
The date of my most recent examination of the Pet			
I have known the pet since			

I _____ am / I _____ am not aware of any aggressive, dangerous or vicious propensities of the Pet.
(Veterinarian to initial appropriate response).

I certify as a veterinarian licensed to practice in the State of Maryland, that the above-described animal has been examined by me, that current vaccinations and spay/neuter status are as indicated above, and that the veterinarian's certification of breed and temperament is true and correct as indicated above.

Veterinarian's Signature

Date

Veterinarian's Name Printed