



Animal Permit

Highleah Townhouses, Inc

Member: _____

Unit: _____

Co-Member: _____

Phone: _____

Animal Information

Dog #1

- Name: _____
- DOB: _____
- Sex: Male Female
- Neutered/Spayed: Yes No
- Date of Vaccination (Rabies, etc.): _____
- Weight: _____ lbs
- Color/Markings: _____
- Breed: _____
- Emotional Support Animal (ESA): Yes No
- Service Animal: Yes No

Dog #2

- Name: _____
- DOB: _____
- Sex: Male Female
- Neutered/Spayed: Yes No
- Date of Vaccination (Rabies, etc.): _____
- Weight: _____ lbs
- Color/Markings: _____
- Breed: _____
- Emotional Support Animal (ESA): Yes No
- Service Animal: Yes No

Cat #1

- Name: _____
- DOB: _____
- Sex: Male Female
- Neutered/Spayed: Yes No
- Date of Vaccination (Rabies, etc.): _____
- Weight: _____ lbs
- Color/Markings: _____
- Breed: _____
- Emotional Support Animal (ESA): Yes No
- Service Animal: Yes No

Cat #2

- Name: _____
- DOB: _____
- Sex: Male Female
- Neutered/Spayed: Yes No
- Date of Vaccination (Rabies, etc.): _____
- Weight: _____ lbs
- Color/Markings: _____
- Breed: _____
- Emotional Support Animal (ESA): Yes No
- Service Animal: Yes No

I have other animals (Please list)

I do not have any other animals

Member Acknowledgment

I agree to comply with all animal rules and regulations, including providing proof of current vaccinations.

Member: _____

Co-Member: _____

Date: _____