



Animal Permit

Highleah Townhouses, Inc

Member: _____ Co-Member: _____

Unit: _____ 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

MEMBER ACKNOWLEDGMENT

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

Member: _____ Co-Member: _____ Date: _____