

**OLIVER MANAGEMENT SERVICES
5713 GRAND AVE SUITE B
DULUTH, MN 55807
(218) 628-0311 * FAX (218)624-2235**

PET DEPOSIT & IMMUNIZATION FORM

DATE: _____

Building Name: _____

Tenant's Name: _____

Unit Number: _____

- 1) I have read and received a copy of the pet policy and agree to all terms and conditions listed in it.
- 2) I have attached and or provided immunization records for my pet(s) from my local Veterinary Clinic.

Type of Pet(s): _____

Deposit required: _____ \$300.00 PER PET _____

Pet Description: Kind	Type/Breed	Color	Name	Age	Weight
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Pet Fee / Deposit: _____ Tenant agrees to pay the following pet deposit \$ _____

NOTICE: ANY FEE OR DEPOSIT ABOVE SHALL NOT LIMIT THE TENANT'S OBLIGATIONS

Tenant Signature:

Management Signature:

Date:

Date:

Renter's Insurance? _____

Agency _____
