Annex 7- Pet Request Form

Employee Information	
Employee's Name:	
Tower Number:	Apartment Number:
E-mail:	Contact Number:
Pet Information	
Type of pet:	Age:
Weight:	Color/Markings:
Vaccination Certificate: (copy of certificate attached) ◯ YES	◯ NO
Has there been any history of aggressive behavior? ◯ YES	◯ NO
If yes, please describe incident:	
Declaration	
I understand the rules and regulations, with the request for permission to keep a pet acknowledge that those rules and regulations will be followed. I understand that failure to follow the rules will result in the removal of the pet from the apartment. I assume complete responsibility for the animal in all the compound areas including damage, disturbance, and cleanliness. I agree to provide proof of Licensing Vaccination with this request as required.	
Signature:	Date: / / 202
Facilities Management Use Only	
Result of Request:	
Facilities Manager Signature:	Date: / / 202