

WATERFALL Body Corporate

Application to keep a pet/s

UNIT NO: _____

NAME & SURNAME: _____

POSTAL ADDRESS: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

I hereby apply to keep the following pet/s. A maximum of two small pets per unit is allowed.

Type of Pet (1) (eg: dog/bird etc) :	_____
Breed of Pet (eg: Maltese Poodle) :	_____
Age of Pet: _____	Male or Female: _____
Copy of Sterilization Certificate Attached:	Yes/No _____
Written approval from registered owner of the unit attached: Yes/No _____	
I confirm that the pet will wear a nametag at all times: Yes _____	

Type of Pet (2) (eg: dog/bird etc) :	_____
Breed of Pet (eg: Maltese Poodle) :	_____
Age of Pet: _____	Male or Female: _____
Copy of Sterilization Certificate Attached:	Yes/No _____
Written approval from registered owner of the unit attached: Yes/No _____	
I confirm that the pet will wear a nametag at all times: Yes _____	

SIGNATURE: _____	DATE: _____
PET OWNER	
APPLICATION APPROVED/DENIED	DATE: _____
SIGNATURE: _____	
(BODY CORPORATE/MANAGING AGENT)	