

# Stewardship Properties

Please Return this form to  
**1247 Villard Street · Eugene, OR 97403-1954**  
Or you may fax it to us at  
**(541) 343-6099**

## PET APPLICATION

*This application may be used for up to 3 pets. You must provide documentation from your vet of spay/neuter and vaccinations history*

Pet Reference For: NAME \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Date: \_\_\_\_\_

Number of pets? \_\_\_\_\_

**Pet #1. Type** \_\_\_\_\_ **Name** \_\_\_\_\_

Breed \_\_\_\_\_ **Sm Med Lg** (circle one) Spayed/Neutered? \_\_\_\_\_

D.O.B. \_\_\_\_\_ Date of Last Vaccinations/Types \_\_\_\_\_

**Indoor Only Outdoor Only Indoor&Outdoor** (circle one) House Trained? \_\_\_\_\_

Rental History/Reference: Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Pet #2. Type** \_\_\_\_\_ **Name** \_\_\_\_\_

Breed \_\_\_\_\_ **Sm Med Lg** (circle one) Spayed/Neutered? \_\_\_\_\_

D.O.B. \_\_\_\_\_ Date of Last Vaccinations/Types \_\_\_\_\_

**Indoor Only Outdoor Only Indoor&Outdoor** (circle one) House Trained? \_\_\_\_\_

Rental History/Reference: Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Pet #3. Type** \_\_\_\_\_ **Name** \_\_\_\_\_

Breed \_\_\_\_\_ **Sm Med Lg** (circle one) Spayed/Neutered? \_\_\_\_\_

D.O.B. \_\_\_\_\_ Date of Last Vaccinations/Types \_\_\_\_\_

**Indoor Only Outdoor Only Indoor&Outdoor** (circle one) House Trained? \_\_\_\_\_

Rental History/Reference: Dates From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Are you

planning on getting any/other pets in the future and if so how many and what kind? \_\_\_\_\_