**PET APPROVAL APPLICATION**

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| Resident Information: | | | | | | |
| Resident Name: | |  | | | | |
| Property Address: | |  | | | | |
|  | | | |  | | |
| Residents at the above listed address are requesting permission to purchase or acquire an animal. | | | | | | |
| The Animal Information: | | | | | | |
| Animal Type: | Dog / Cat / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | # of Animals Requested? \_\_\_\_\_\_\_\_\_\_ |
| Animal Breed: | | |  | | | |
| Animal Description: | | |  | | | |
| Animal Name: | | |  | | | |
|  | | |  | | | |
| Is the animal an emotional support pet? YES / NO | | | | | Is the animal a service animal? YES / NO | |
| Please notes that in order for your animal to qualify for emotional / service animal benefits, the State of Wisconsin requires that the animal be register and have paperwork by a local Wisconsin doctor. In order for a Resident to receive Service/Emotional support benefits, AAH must receive the paperwork BEFORE the animal moves in. Benefits will NOT begin until all paperwork has been turned in and AAH has verified with the Doctor. ALSO please note that emotional / service animal benefits pertain to pet rent credits, but do not extend anywhere else. A service / emotional support animal has the same requirements as all other pets, and a breach of that agreement will result in the animal being asked to leave. A certified animal can / will be asked to leave if found to be behaving in a manner that violates our agreement. | | | | | | |
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| PET/ RENTERS INSURANCE | | | | | | |
| Insurance Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Renewal Date: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | | | | | |
| My new pet is accepted by my insurance carrier: YES / NO | | | | | | |
| Attached is a copy of the new insurance policy with the added pet: | | | | | | |
|  | | | | | | |
| Office Use only: | | | | | | |
| Property allows animals? YES / NO | | | | | Resident has good rental History? YES / NO | |
| Is Resident Delinquent? YES / NO | | | | | APPROVED / DENIDED | |
| Residents contacted on \_\_\_\_/\_\_\_\_\_/ \_\_\_\_\_\_ | | | | |  | |