



Peoples Senior Living, LLC Pet Agreement

The Resident and Peoples Senior Living have entered into the Agreement. The Resident desires to keep a pet in the Apartment and Peoples Senior Living consents on the following terms and conditions:

1. The Resident agrees to pay the sum of \$500.00 as a non-refundable pet fee for, but not limited to, common area carpet cleaning, additional landscaping upkeep and pest control, sanitation, and odor control, etc. Should the pet cause damage to the building/apt, residents are fully responsible for cost of repair/replacement. We encourage renters' insurance with pet policy rider to cover such costs.
2. Resident must have a 3-person deep pet emergency guarantor. The first person must sign the form, agreeing to be financially, medically, and physically responsible for the pet. The second and third person are emergency back-ups.
3. Only one (1) pet shall be allowed in the Apartment to include a dog, a cat, a bird, fish, at Peoples Senior Living's discretion and must be under 25 lbs. No illegal animals, snakes, rabbits, or rodents allowed. All other pets are not accepted at the Community. The Resident shall maintain, and provide evidence to Peoples Senior Living of, current and proper immunizations and licenses of the pet and maintain proper flea/pest treatment + proof that pet is flea/pest-free by staff inspection. Resident shall provide Peoples Senior Living with **current evidence that the pet has received a recent, satisfactory examination by a veterinarian which states the pet is free of communicable/spreadable diseases**. This must be completed prior to the pet moving into the Apartment. Records include animal license, RFI tag (if applicable), immunizations by the end of each January.
4. Pets shall always be accompanied by resident and under leash outside of a resident apartment. No pet shall be allowed in any part of the interior of the Community other than the Apartment unless allowed by Peoples Senior Living or for taking the pet outside for a walk and then back to the Apartment. The Resident shall ensure pet is not causing noise disturbances and prevent the pet from causing such disturbance which would constitute a breach of quiet enjoyment of others. Should the pet cause a regular noise disturbance, resident agrees to re-home the pet. When the pet is not within the Apartment, it will be always under physical restraint or leash, held within or less than 2 feet of the owner's body, and under immediate supervision and responsibility of the Resident.
5. The Resident shall ensure proper maintenance and upkeep of all equipment, cages, tanks, litter boxes, etc. in addition to conducting weekly/daily containment and disposal of animal waste. Staff do not



Affidavit of Pet Owner's Emergency Absence Agreement

In an emergency, I understand that Peoples Senior Living staff will contact the person(s) listed below for the care of my pet in my absence. Should those people be unavailable, I agree to my pet being removed from my apartment and taken to a boarding facility or animal shelter until other arrangements can be made. I understand and agree that I will accept full responsibility for any charges resulting from this action.

Signature/name of Resident: _____ Date: _____

Resident must have a 3-person deep pet emergency guarantor. The first person must sign the form, agreeing to be financially, medically, and physically responsible for the pet. The second and third person are emergency back-ups.

I agree to be a Guarantor responsible party for this resident's pet fully, to include: financial, medical, and physical care and upkeep of the pet.

Name: _____ Phone: _____

Address: _____

I agree to be an emergency back-up to take the pet in case of emergency:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____



Veterinarian Affidavit of Health

DESCRIPTION OF PET:

Type of Pet: **Dog** **Cat** **Bird** **Other-Please identify:** _____

Pet's Name: _____

Physical description of Pet: (Please include breed, age, color, etc.)

Animal License Number: _____

License Expiration Date: _____

Date of Last Immunization and Required Shots: _____

Next due date for immunizations/shots: _____

Veterinarian Name: _____

Veterinarian Phone Number: _____

Veterinarian Address: _____

I certify, as an accredited veterinarian that the animals described on this certificate have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease. The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state and federal interstate requirements. No further warranty is made or implied.

Signed by Dr. _____

Dated: _____