



Pet Agreement

Date Completed	ADC Officer

Applicant Name	
Address	
Contact Number(s)	
Email Address	

Pet Information

Pet's Name	
Type of Animal <small>(e.g., dog, cat)</small>	
Breed	
Gender	
Colour / Markings / Description	
Age	
Weight or Size	

Health and Identification

Microchip Number (Required): (Attach proof of microchip registration if available)	
Is the pet neutered/spayed? (Attach vet certification if applicable)	
Registered Vet Practice: (Include name and contact details of the veterinary clinic)	
Gender	

Emergency Care

Emergency Contact Person (In case the tenant is unavailable to care for the pet, name the person responsible for the pet)	
Name	
Relationship to Tenant	
Contact Number	

I confirm that I have read and understood Arun District Council's Pet Policy and agree to abide by all the rules and guidelines regarding pet ownership within Council properties. I confirm that my pet is microchipped and, if required, neutered or spayed. I understand that permission may be revoked if any conditions of this agreement or the Pet Policy are breached.

Tenant		
<i>Signature</i>	<i>Print Name</i>	<i>Date</i>
ADC Officer		
<i>Signature</i>	<i>Print Name</i>	<i>Date</i>