JTA Pet Application

Date:_____

Property Address: _____

Applicant's Name:_____Phone:_____

Pet Name	Type & Breed	Age	License/ID	Sex
Pet Name	Type & Breed	Age	License/ID	Sex

Veterinarian:_____

Address: _____

Office Phone: _____ Fax: _____

I hereby authorize JTA--a division of Time Trust, LLC--its employees and agents, to take any and all actions necessary to verify the contents of this application. I understand that such actions may include but are not limited to contacting current and past landlords where the pet resided and current and past animal care providers, I will hold JTA and its employees and agents harmless from liability for the accurate reporting of such information to the management and/or owners. I certify that all information provided by me is true, correct, and complete and I understand that any misrepresentation or omission is cause for the management and/or owners to reject or decline this application and/or terminate any lease based on this application.

Pet Owner's Signature:_____

<<<<<<<<<<<<<<<<<<<< **FOR PET CARE PROVIDER'S USE ONLY** >>>>>>>>>>>>>>>

Dear Care Provider – The applicant above has applied to rent a property managed by our company and they have indicated to us they have a pet. In order to comply with the insurance providers for the property we are trying to verify the accuracy of the information provided by the tenant for the above pets. The main application is will not be finished until completion of this application. We appreciate your help as we try to encourage responsible pet ownership at our properties.

Is the information listed above accurate according to your records? YES / NO

Is this pet(s) up to date on shots and immunizations? YES / NO

Is this pet(s) spayed or neutered? YES / NO

If the pet(s) is a dog, is the true breed listed above? YES / NO

When was the date of their last visit? _____

If you answered NO to any questions, please explain: _____

_____

_____

Signature of Pet Care Provider or Representative:_____Date:_____

Print Name:_____

<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<< FOR OFFICE USE ONLY >>>>>>>>>>>>>>>>>>>>>>>>>>>>

( ) Form sent to pet care provider. Date:_____ ( ) Reply received from pet care provider Date:_____

Declined / Accepted By:_____ Date:_____

If declined, reason:_____