

ANIMAL ACCEPTANCE CRITERIA

RIVERSTONE APARTMENTS WILL ACCEPT PETS WITHIN THE FOLLOWING GUIDELINES

| CRITERIA | MONTHLY RENT | DEPOSIT |
|--|---|--|
| Number of Cats Allowed: <u> 2 </u> Number of Dogs Allowed: <u> 2 </u> Number of Other Allowed: <u> 0 </u> Comment: <u> 2 ANIMALS PER APARTMENT </u> Dogs: Weight Maximum: <u> 200 LBS </u> (Fully Grown Weight) Cats: Must be Indoor | 1 st Pet: \$ <u> 25.00 </u> 2 nd Pet: \$ <u> 25.00 </u> Other: \$ <u> </u> Comment: <u> </u> | 1 st Pet: \$ <u> 500.00 </u> 2 nd Pet: \$ <u> 250.00 </u> Other: \$ <u> </u> Flea Spraying: \$ <u> 35.00 </u> Deodorizing: \$ <u> </u> Comment: <u> </u> |

- RIVERSTONE APARTMENTS RESERVES THE RIGHT TO RESTRICT BREEDS.
- PETS MAY BE VIEWED BY MANAGEMENT PRIOR TO APPROVAL.
- WE RESERVE THE RIGHT TO DECLINE OR REVOKE PERMISSION FOR ANY PET THAT CAUSES DISTURBANCES OR IS A SAFETY THREAT.
- OTHER ANIMALS MAY BE: FISH, HAMSTERS, GUINEA PIG, ETC.
- AQUARIUMS MAY NOT EXCEED 10 GALLONS WITHOUT MANAGEMENT APPROVAL AND PROOF OF PERSONAL LIABILITY INSURANCE TOTALING NO LESS THAN \$100,000.
- A CURRENT (WITHIN 30 DAYS) GOOD HEALTH CERTIFICATE FROM A VETERINARIAN IS REQUIRED.

RESTRICTED ANIMAL LIST (INCLUDED BUT NOT LIMITED TO)

| BREEDS OF DOGS (OR ANY HYBRID OR MIXED BREED) | POISONOUS ANIMALS | EXOTIC ANIMALS |
|--|----------------------------|--|
| AKITAS AMERICAN BULL DOG BOXER CANE CORSOS CHOWCHOWS DOBERMANS DALMATIAN GERMAN SHEPHERDS GREAT DANES HUSKIES KARELIAN BEAR DOG MALAMUTES MASTIFF PIT BULLS PRESA CANARIO ROTTWEILERS ST. BERNARD STAFFORDSHIRE TERRIERS ANY WOLF HYBRID | PIRANHAS TARANTULAS | BIRDS (COCKATIELS, PARROTS & MACAWS) FERRETS RACCOONS REPTILES (SNAKES AND IGUANAS) RABBITS SQUIRRELS SKUNKS |

ANIMAL APPLICATION

| | | | |
|--------------|---------------|--------------|-----------|
| Last Name: | | First Name: | |
| Apartment #: | Move-In Date: | Pet Deposit: | Pet Rent: |

Total Number of Animals Allowed: _____

Comments: _____

Please complete the following information about your animal:

| Animal Information | | | |
|--------------------|-----------------|---------------------------|--------|
| Animal's Name: | Type of Animal: | Age: | Color: |
| Breed: | Weight: | Description and Comments: | |

| | | | |
|----------------|-----------------|---------------------------|--------|
| Animal's Name: | Type of Animal: | Age: | Color: |
| Breed: | Weights: | Description and Comments: | |

| Management Use Only: | |
|--|--|
| Date Received: Certificate of Good Health _____ Other _____ Other _____ | Date Management Viewed Animal: _____ Animal Approval () Yes () No Approved By: _____ Date Approved: _____ Comments: _____ _____ |

EMERGENCY CONTACT: Please designate below a person or agency that should be contacted in the event of an emergency. We will call the person or agency in order that they may attend to your animal.
NOTE: Management will not assume any responsibility or obligation for care of your animal. If we are unable to reach the person or agency you designate, we will contact the local animal control agency to remove the animal from the premises.

Name: _____ Phone # _____

Relationship: _____

(Applicant) Date

(Applicant) Date

(Applicant) Date

