



**Springfield Office**  
 214 Pioneer Parkway West  
 Springfield, OR 97477  
 541-683-6166 541-683-1616 (fax)

**Portland Office**  
 10725 SW Barber Blvd Suite 370  
 Portland, OR 97219  
 971-352-6760

**PET AGREEMENT**

DATE OF AGREEMENT \_\_\_\_\_ ADDRESS \_\_\_\_\_

RESIDENT NAME(S) \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

ADDITIONAL SECURITY DEPOSIT: \$ \_\_\_\_\_ ADDITIONAL RENT PER MONTH \$ \_\_\_\_\_

**DESCRIPTION OF PET(S):**

1) Type/Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Name \_\_\_\_\_  
 Spayed/Neutered  Yes  No Proof of spay/neuter received  Yes  No Date Received \_\_\_\_\_  
 Vaccinations Current  Yes  No Proof of vaccinations received  Yes  No Date Received \_\_\_\_\_  
 Licensed  Yes  No Proof of license  Yes  No License #: \_\_\_\_\_ Date Received \_\_\_\_\_  
 Photograph received  Yes  No Date Received \_\_\_\_\_  
 Insurance available? (not required)  Yes  No Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

2) How long have you had this animal? \_\_\_\_\_ years \_\_\_\_\_ months

3) Veterinarian: Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

4) Has your animal ever acted aggressively, bitten or hurt anyone? If so, please describe:  
 \_\_\_\_\_

**RESPONSIBLE PARTY CERTIFICATION/ EMERGENCY CONTACT:**

If the health or safety of the pet(s) is threatened by death, incapacity, or other factors that render the Resident unable or unwilling to care for the pet(s), the below-named party agrees to remove the pet(s) from the premises, either temporarily or permanently.

If Acorn Property Management is unable to reach the Responsible Party, it may contact any authorized State or local agency to take custody of the pet(s) or may itself enter the unit without notice and remove the pet(s). Acorn Property Management accepts no responsibility for pet(s) so removed.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone #1 \_\_\_\_\_ Email #1 \_\_\_\_\_

**AGREEMENT:** I agree to keep the above-referenced animal(s) in the premises subject to the following terms and conditions:

1. It is mutually agreed between the parties that Resident may keep the pet(s) described above at the above premises. I understand that the Owner/Agent prohibits additional pet(s) unless the Owner/Agent gives the Resident written permission.
2. Pet(s) shall be on a leash when it is outside the Resident's dwelling unit.
3. Resident shall be liable for any damages caused by the pet(s), and Resident shall be liable if pet(s) threaten to inflict or actually inflict substantial personal injury upon someone on the premises.
4. Pet(s) shall not cause any sort of nuisance or disturbance to the neighbors. Resident will immediately report any damage by pet(s) to people or property. Resident hereby represents and warrants that the pet(s) has not previously damaged people or property.
5. If Resident's pet(s) defecates on any portion of the premises, Resident agrees to immediately remove the waste. Owner/Agent may assess a fee of \$50 per occurrence or \$50 plus 5% of the current rent for subsequent same or similar occurrences for each violation of this clause.
6. Failure to comply with the terms of this agreement shall give the Owner/Agent the right to revoke permission to keep the pet(s).
7. This agreement is incorporated into and shall become part of the Rental/Lease Agreement executed between the parties.

\_\_\_\_\_  
**Owner/Agent**

\_\_\_\_\_  
**Resident**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Resident**

\_\_\_\_\_  
**Date**