

KENDAL at OBERLIN Pet Registration

Do you have a pet moving into Kendal?

Name: _____ Unit # ____ Phone: _____

If you have NO pet [CLICK HERE](#)

If you have a pet(s) please complete this form **WITHIN ONE (1) MONTH OF MOVE-IN** and return to Marketing.

Pet Name: _____ Sex _____ Cat/Dog (circle)

Breed: _____

License #(dog) _____ Rabies Vaccination Date: _____

The location of the feeding and medical instructions in the unit _____

The location of the food and the medicine in the unit _____

Name of person who temporarily will take care of your pet during your inability to do so. If you have a spouse, please name an alternate person also.

Name(Alternate) : _____

Address: _____

Phone: _____

Name the person who would assume ownership of your pet in case of your prolonged inability to care for the pet. If you have a spouse, please name an alternate person also. If you name a veterinarian (or dog trainer), then you need to contact the vet/trainer to make arrangements and provide a letter from the vet stating his/her willingness to take on the obligation.

Name(Alternate)_____

Address:_____

Phone: _____

Signature of person completing this form _____

Date:_____

TURN THIS COMPLETED FORM INTO MARKETING OR TO THE HEISER FRONT DESK. To be reviewed annually or with an addition of a new pet.

ADDITONAL PETS:

Name: _____ Sex _____ Cat/Dog (circle)

Breed:_____

License # _____ Vaccination Date:_____

Name: _____ Sex _____ Cat/Dog (circle)

Breed:_____

License # _____ Vaccination Date:_____

Name: _____ Sex _____ Cat/Dog (circle)

Breed:_____

License # _____ Vaccination Date:_____