

OREGON PET AGREEMENT ATTACH PHOTOS OF THE PETS



DAIE	PROPERTY NAME / NUMBER Sleep Sou	ing Property Manageme	ent, Inc.	
RESIDENT NAME(S)				
INIT NI IMBER	STREET ADDRESS			
	STILLT ADDITESS			
JIII		SIAIL	ZIF	
Resident agrees to the f				
. Only the following de	escribed pet(s) will reside in the unit:			
Name	Type	Breed	Age	Weight
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. No breeding of any p	pet is allowed. If checked, pets must be	e spayed or neutered.	-	_
	perly licensed and have shots required by		III times.	
	of aggressive, threatening or violent behavio	•		n, breeds with a disposi
for aggressive behav	vior may be prohibited.		9	,
. Pets will not be allow	ved out of the unit except when being carri	ied by Resident or when	on a leash under	Resident's control.
6. Pets will not be chair	ned or tied in any way to the exterior part of	of the building.		
	ed to use any part of the Premises for depo	•	occur accidentally	. Resident will immediat
pick up the waste. Fe	or any rental unit which includes a vard de	signated for use exclusiv	ely by the Resider	nt, Resident is respons
to pick up and dispo	se of pet waste on the Premises promptly.			•
Pets will not be allow	ed to make noise or engage in threatening	conduct which might dis	turb other resident	s, Owner/Agent, guests
other pets/assistance				
· ·	an. Any pet waste that is accumulated in a	-		
	ately notify Owner/Agent of any personal i		e caused by the pe	et(s).
1. Any damage attribut	ed to the pet(s) will be paid for promptly by	/ Resident.		
	weight/size of any pet is:			
3. Any additional pets of	or any change to any of the pets will require	e a new agreement and a	djustment to the p	et rent, if applicable.
\$100,000 liability, or As provided in the R	·	conditions below, to cover ned as an interested part	r any damage or in ty on Resident's in	jury caused by said pet surance policy. Said pr
pet(s) and may give him/ Agent is not responsible Name	Resident authorizes Owner/Agent to contact her/them access to the unit to care for my perform the acts of my emergency contacts if to the acts of my emergency contacts.	et(s). Owner/Agent is not on the emergency contacts of Em	obligated to contac enter my unit: ail	t such persons and Owi
		Em		
lame	Phone	Em	ail	
refundable deposit of \$	is herewith paid by Resident secure all of Resident's obligations under the	as additional security dep	osit. This amount w	vill be added to any exist
		ne Heniai Agreement, tris	s pet agreement, a	nd the landlord-tenant i
Monthly pet rent of \$	nonthly rent. Pet rent will cease if Resident	INITIAL ACCOUNTIN	IG	
provides acceptable pro	of that all the pets have died or been	Pet Rent From	Thru	\$
ermanently removed from	om the Premises.	Refundable Deposit		\$
This agreement is incorp	orated into and made a part of the Rental	Total First Payment		φ
Agreement.	'	Total First Payment		J
	re no history of aggressive, threatening or viol		e above provisions.	I will keep stated insura
×		X		
RESIDENT	DATE	RESIDENT		DATE
V		V		
X RESIDENT	DATE	RESIDENT		DATE
	22			5,2
		X		
		OWNER/AGENT		DATE