

PET RENTAL APPLICATION

Business Futures, Inc.

Office@RentGolden.com

PO Box 650, Golden, CO 80402-0650

303-271-1491 Fax: 303-271-1466



Email us a Pet Photo or place Here.

Resident(s)/Applicant(s): _____ Phone: _____

Email(s) _____

Prospective Address _____

Current Landlord Name: _____ Phone: _____

Pet Name Type Breed Age Weight Spayed/Neutered Color/Markings

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Do you own a fish tank or aquarium? _____ What size/how many gallons? _____

How long have you owned your pet(s)? _____

Where did you get the pet(s)? _____

Veterinarian: _____ Phone: _____

Vaccinations: (Attach Veterinary Records)

Canine

___ Distemper ___ Parvo Virus
___ Distemper/Measles ___ Corona Virus
___ (CAV-2)Hepatitis ___ Lepto C&1

Feline

___ Panleukopenia ___ Chlamydia
___ Rhinotacheitis ___ Other _____
___ Calici Virus ___ Leukemia

I/we understand Business Futures, Inc. (BFI) is an agent of the Owner (Landlord) and not my agent. BFI works solely on behalf of the Owner to promote the interests of the Owner with the utmost good faith, loyalty and fidelity. BFI will negotiate on behalf of and act as an advocate for the Owner. BFI will disclose all adverse material facts about the property actually know by BFI. BFI will assist me/us without regard to race, creed, sex, religion, national origin, familial status, marital status or handicap. I/we will inform BFI of special needs for which need accommodation. If disability is not apparent, a doctor's verification will be required. Occupancy is expressly contingent upon the present tenant vacating the unit. I/we hereby certify that the answers given in this application are true and complete. I/we understand that any false answers or statements made by me/us will be sufficient grounds for denial of tenancy, eviction and loss of any Hold or Security Deposit. I/we authorize Business Futures, Inc. to verify the information listed on this application. I/we further authorize BFI to obtain credit reports, police record, rental history, employment history and character reports. Application fee is nonrefundable. I/we understand that the Security Deposit may increase depending upon background check and that Deposit and first month's rent must be paid by good funds. If I am accepted and then I cancel after notice of acceptance, Hold Deposit shall be retained by BFI as liquidated damages for holding the home off the market and processing application

Applicant _____ Date _____ Co-Applicant _____

Property _____ Received _____

BUSINESS FUTURES, INC.
PET OWNER QUESTIONNAIRE
Property _____

- What type(s) of pet do you own? _____
- How Many? _____
- How long have you owned them? _____
- Do you have renters liability insurance? _____ Who with & #? _____
- Have there been and complaints about your pet(s) at your current address? _____
- If yes, what were they? _____

- How many complaints? _____
- May we contact your current landlord for a pet reference? _____
- Do you have proof from your veterinarian of your pets health and that it is up to date on all of its vaccinations? _____
- Would you object to us checking in on the pet after you have moved in? _____
- If yes, why? _____
- How will you take care of your pet(s) while away on vacation/business? _____

- Will you clean up after your pet on a regular basis? _____ How do you now? _____

For Dog Owners:

- Has your dog been spayed or neutered? _____ If no, why not? _____
- Is your dog housebroken? _____
- Have you and your dog completed and obedience class? _____
- If yes, where? _____
- Does your dog get along with other dogs? _____ cats? _____ people? _____
- How much time does your dog spend alone each day? _____
- Does your dog stay inside when it is alone? _____ In a cage? _____
- Is your dog inside at night? _____
- How often do you exercise your dog? _____
- Are you willing to keep your dog on a leash at all times when outside? _____
- Do you clean up immediately after your dog has gone outside to relive itself? _____
- Are you aware of pooper scooper services? _____ Do you use one? _____
- Does your dog have any medical/behavioral problems? _____
- If yes, what? _____
- What training/treatment does it receive? _____

For Cat Owners:

- Has your cat been spayed or neutered? _____ If no, why not? _____
- Has your cat been declawed? _____
- Does your cat use a litter box? _____ How often do you empty? _____ What is your procedure? _____
- Do you keep your cat inside? _____
- Does your cat get along with other cats? _____ dogs? _____ people? _____
- Does your cat have any medical/behavioral problems? _____
- If yes, what? _____
- What training/treatment does it receive? _____

Applicant _____

Date _____

Applicant _____

Date _____