



Veterinarian Verification

Name of Owner: _____

Apartment Number: _____

Canine Breed: _____

Date of Verification: _____

Age of Animal: _____

Weight of Animal: _____

If less than one year old, approximate weight at 1 year of age: _____

Name of Animal: _____

Description of Animal: _____

Name of Veterinary Clinic: _____

Address of Clinic: _____

Phone Number: _____

Name of person to contact for questions: _____

Veterinarian: _____

Signature

Print name

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Foxridge and Hethwood Apartment Homes
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