



PET REQUEST FORM

Tseshah First Nation

5091 Tsuma-as Drive

Port Alberni, BC V9Y 8X9

Tenant Information

Name: _____ Date: _____

Address: _____ Postal Code: _____

Province: _____ Phone: _____

Email: _____ Cell: _____

Pet Information	
What is the pet type and breed? ie. Dog – Labrador Retriever	
What is the age and size (weight) of the pet?	
How will the pet be cared for/contained when the Tenant is away from the Home?	

Has the pet been vaccinated and regularly treated for fleas and parasites? If so, please include written confirmation from a veterinarian.	
Has the pet been spayed or neutered? If so, please include written confirmation from a veterinarian.	
Can you provide references from a previous landlord and/or veterinarian? If so, please include with this application.	

It is at the discretion of the Housing Committee to approve or deny pet request. The Housing Department will follow up with your request within a reasonable timeframe.

I acknowledge that the information provided is accurate to the best of my knowledge.

Name: _____ Signature: _____ Date: _____