## Fax for Veterinary Verification (Please note not all Castleberg Communities are pet friendly)

**To: Future resident’s Vet Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From: Castleberg Communities, 1703 Whispering Pines Way, Madison, WI 53713, Phone: 608) 271-6700, Fax: (800) 620-1656**

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## Future Resident’s Authorization:

**I hereby authorize my Veterinary office to give information involving my pets to Castleberg Communities staff.**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_

Applicant’s Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Vetrinarian’s Office Verification:

**To Whom It May Concern: The above has applied for residency with us and you have been listed as their pet’s veterinarian. We would appreciate receiving the following information within the next 24 hours. Please fax back the completed verification form a copy of the pet’s most recent vaccinations to 800-620-1656. Thanks for your assistance.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Pet:** | | **Breed:** | |
| **Type of Pet** | **Dog** | **Cat** | **Other:** |
| **DOGS ONLY:** If the animal is a dog is it any of the following? Pit Bull, Rottweiler, German Sheppard, Doberman, Great Dane, Dalmatian, St. Bernard, or Mastiff | **YES** | **NO** | If “yes” is the dog a purebred? |
| **CATS ONLY:** If the animal is a cat, is it declawed? | **YES** | **NO** | Comments: |
| Is the pet spayed or neutered? | **YES** | **NO** | Comments: |
| Are all of the pet’s shots current and up to date? | **YES** | **NO** | Comments: |
| How long have you know the animal? | Comments: | | |
| Are you aware of any injury the animal has caused to people? | **YES** | **NO** | Comments: |
| Are you aware of any injury the animal has caused to other animals? | **YES** | **NO** | Comments: |
| Do you find this animal threatening in any way? | **YES** | **NO** | Comments: |
| Would you recommend this animal to live in an apartment building? | **YES** | **NO** | Comments: |
| **Please attach pets inoculation record to this form** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Pet:** | | **Breed:** | |
| **Type of Pet** | **Dog** | **Cat** | **Other:** |
| **DOGS ONLY:** If the animal is a dog is it any of the following? Pit Bull, Rottweiler, German Sheppard, Doberman, Great Dane, Dalmatian, St. Bernard, or Mastiff | **YES** | **NO** | If “yes” is the dog a purebred? |
| **CATS ONLY:** If the animal is a cat, is it declawed? | **YES** | **NO** | Comments: |
| Is the pet spayed or neutered? | **YES** | **NO** | Comments: |
| Are all of the pet’s shots current and up to date? | **YES** | **NO** | Comments: |
| How long have you know the animal? | Comments: | | |
| Are you aware of any injury the animal has caused to people? | **YES** | **NO** | Comments: |
| Are you aware of any injury the animal has caused to other animals? | **YES** | **NO** | Comments: |
| Do you find this animal threatening in any way? | **YES** | **NO** | Comments: |
| Would you recommend this animal to live in an apartment building? | **YES** | **NO** | Comments: |
| **Please attach pets inoculation record to this form** | | | |

**Verifier Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**