

**Spring Hill Park**  
1839 South Road Wappingers Falls, NY 12590.  
845-298-2927 fax 845-298-7826  
info@springhillparkllc.com

**Pet Application**

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

**Name:** \_\_\_\_\_

**Lot #** \_\_\_\_\_

**Type of Pet:** \_\_\_\_\_ **Breed:** \_\_\_\_\_

**Adult Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Markings:** \_\_\_\_\_

**License Number:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Neutered:** \_\_\_\_\_ **Spayed:** \_\_\_\_\_

**Rabies Vaccinated Date:** \_\_\_\_\_ **All shots:** \_\_\_\_\_

**Have you read all the rules pertaining to pets?** \_\_\_ yes \_\_\_ no

**Signature** \_\_\_\_\_

**To be filled in by Owner:**

I, Frank Algier, owner of Spring Hill Park, give permission to:  
\_\_\_\_\_ residing in lot # \_\_\_\_\_ to have the  
pet as described above.

This permission is valid ONLY as long as you (the tenant and family) comply with the pet rules in your lease, and those in effect at any given time for Spring Hill Park and the conditions set forth herein.

**Date:** \_\_\_\_\_ **Approved:** \_\_\_\_\_