



Pet's Name: _____

**SCHEDULE "E"
LE LOUVRE RESIDENCES**

Pet Registration Authorization Form:

Date: _____ Suite Number: _____
Resident (1): _____ Contact Phone#: _____
Resident (2): _____ Contact Phone#: _____

Pet Information:

Breed: Cat/Dog _____ Gender: _____ Current Age: _____ Color: _____
Weight: _____ At Maturity: _____
Photo Included: _____
Training: _____
City of Edmonton License Number: _____ Expiry Date: _____

Pet Fee:

Monthly Dog/Canine Fee (1/\$25; 2/\$40): _____
One-Time Cat Fee (1/\$50): _____

I (we) _____ provide the above information as true and factual for the purpose of receiving approval from Le Louvre Residences to allow the pet(s) described above to remain at our Suite number _____ at Le Louvre Residences.

Property Management Use Only:

Resident: _____ Date: _____
Resident: _____ Approved: _____
Signature: _____