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| **By EMAIL to:** | [office@westralianstrata.com.au](mailto:office@westralianstrata.com.au) |
| **Or by POST to:** | **Suite 3, 37a Brandon Street, SOUTH PERTH WA 6151** |

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| --- | --- |
| **Date:** | Click or tap to enter a date. |

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| **Strata Plan:** | | | |  | | | **Unit Number:** | |  | |
| **Property Address:** | | | |  | | | | | | |
|  | **Owner** | | | ***OR*** |  | | **Authorised Agent** *(if applicable)* | | |
| **Name:** | |  | | **Agent Name:** | | | |  |
| **Phone:** | |  | |  | **Phone:** | | | |  |
| **Email:** | |  | |  | **Email:** | | | |  |

**Pet Details:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Pet 1** | | | | **Pet 2** | | | |
| **Type / Bread of Pet:** |  | | | |  | | | |
| **Name:** |  | | | |  | | | |
| **Age:** |  | | | |  | | | |
| **Sex:** |  | | | |  | | | |
| **Desexed:** |  | **YES** |  | **NO** |  | **YES** |  | **NO** |
| **Weight** |  | | | |  | | | |
| **Council Reg Number:** |  | | | |  | | | |
| **Description / Colour:** |  | | | |  | | | |
| **Photo of the pet** |  | | | |  | | | |

Terms & Conditions Upon approval of Application*Upon approval of application, both the Lot Proprietor and the Tenant (if applicable) acknowledge and agree to the following terms:*

1. *The Lot Proprietor and the Tenant (if applicable) accept full responsibility of the pet and indemnifies the Strata Company for any claims by third parties for injuries to any person/s or the common property caused by, or as a result of actions by, their pet/s or their guest pet/s.*
2. *Both the Lot Proprietor and the Tenant (if applicable) understand and acknowledge that the bylaws of the strata company must be complied with at all times.*
3. *Both the Proprietor and the Tenant (if applicable) accepts they will adhere to the Strata By-Laws.*
4. *The Strata Company reserves the right to request the pet be removed from the scheme upon any breach/s of the strata company by-laws.*

**Full Name** Click or tap here to enter text.  
Signing this document, you have indicated all information provided is correct and read the terms and conditions.

**COUNCIL OF OWNERS TO COMPLETE**

|  |  |  |  |  |  |  |  |
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| **Date Form Received:** | Click or tap to enter a date. | | | | | | |
| **Council of Owners require more information** | | | |  | **YES** |  | **NO** |
| *If YES, please provide what additional information is required:* | | |  | | | | |
| **Number of Council of Owners Approved:** | |  | | | | | |
| **Number of Council of Owners Rejected:** | |  | | | | | |
| *Reason(s) for Rejection:* | |  | | | | | |

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| **Full Name:** | Click or tap here to enter text. | **Position:** | Click or tap here to enter text. |