PET REFERENCES Veterinarian: _____ Phone: _____ PET'S EMERGENCY CARETAKER Name: ______ Phone: _____ Please attach the following to this form: • Recent photo of your pet(s) • Copy of the registration with the City of New York Immunization records A check or money order for the payment of the non-refundable Pet Fee in the amount of \$100.00. Please make payable to: "322 West 57th Street Condo, Inc." **RESIDENT CAT OWNERS** As a resident cat owner, Building Policy requires you to install and maintain screens on all windows within your unit. Should you need a recommendation of a screen installer, please contact Kokona Sclavos via email at KSclavos@akam.com or telephone at 212-581-8973 x3. I understand that I am required to immediately disclose any and all pets residing in my unit and am required to obtain consent from Building Management. I have also read and understand the Rules and Regulations pertaining to the pet policy for the above referenced building, and I and the members of my household promise to fully comply.

Pet Owner Signature: _____ Date: _____

Approval Signature: _____ Title: ____ Date: ____