

Brookside Alternate Pet Care Agreement

In case of illness, incapacitation, death or noncompliance by _____
_____(tenant/s), of _____ (unit number)
Brookside Apartments Traverse City, MI 49686

With the Pet Agreement, I will assume full responsibility for the following pet(s)
_____ and will immediately remove the pet(s) from the
residence upon the request of the Landlord.

I reserve the right to cancel this Agreement on 7 days' written notice to Brookside
Apartments 405 S. Mission Street, Mt. Pleasant, MI 48858

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Numbers: Cell _____ **Work:** _____

Email: _____

Signature of Alternate Care Giver

Date

Tenant's Acknowledgement:

The undersigned

Tenant(s)of(address)_____

Hereby acknowledges that the above referenced Alternate Care Giver has been
authorized by me to perform the service indicated.

Signature of Tenant

Date

Signature of Tenant

Date

Must be turned in at lease signing