



PET REQUEST FORM			
Date:			
Building Name:		CTS Number:	Lot Number:
Building Address:			
Owner/Tenant Name:		Phone Number:	
If tenant applying – have owners approved pet/s: Yes / No			
Pet Details:			
Type of Pet:		Breed:	
Name:		Age:	
Council registration Number:		Desexed:	Yes / No
Colour:		Sex:	Male / Female

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return completed form to:

Email: [admin@strataplaceqld.com.au](mailto:admin@strataplaceqld.com.au)

Post: PO Box 525, Wynnum, Qld, 4178