

# ALTERNATE PET CARE AGREEMENT

In case of illness, incapacitation, death, or noncompliance by \_\_\_\_\_  
\_\_\_\_\_ (tenant(s)), of \_\_\_\_\_ 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: \_\_\_\_\_ and \_\_\_\_\_  
\_\_\_\_\_. (names of pets)

I reserve the right to cancel this Agreement on 7 (seven) days written notice to Landlord at 900 E. Front Street,  
Mailbox #13, Traverse City, MI 49686

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: DAYS: ( \_\_\_\_\_ ) \_\_\_\_\_

EVENINGS: ( \_\_\_\_\_ ) \_\_\_\_\_

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.