

PELICAN POINT CONDOMINIUM ASSOCIATION

PET REGISTRATION FORM

Date: _____

Name of Applicant: _____

Property Address: _____

(H) Phone: _____ (W) Phone: _____

Cell Phone: _____

Email: _____

Resident Status: OWNER OF UNIT TENANT LEASING UNIT

If you are tenant, please provide the unit owner's (Landlord) information in the section below:

Name of Owner: _____

PET INFORMATION

Number of Pets: _____

Pet Name: _____

Pet Name: _____

Pet Species: _____

Pet Species: _____

Pet Breed: _____

Pet Breed: _____

Pet Weight: _____

Pet Weight: _____

Expected Weight at Maturity: _____

Expected Weight at Maturity: _____

Date of Last Rabies Shot: _____

Date of Last Rabies Shot: _____

Please provide any additional information regarding your pets:

I/We the above named applicant(s) have read the Pelican Point Condominium Association Pet Rules and Regulations as well as the Association By-Laws. I/We understand the responsibilities, rules, regulations and applicable sanctions contained therein and understand that, by maintaining a pet within my Unit, I agree to abide by said Rules and Regulations.

Applicant Signature *Date*

Applicant Signature *Date*

EMAIL FORM TO: Pelican Point Pet Committee at pelicanpointpetcommittee@gmail.com OR **DROP OFF** at Pelican Point Association Office located in the Clubhouse.