

PET REGISTRATION FORM

Property: _____ City: _____ Postal Code: _____

Applicant(s) Name(s): _____

Telephone Numbers (H): _____ (P): _____

Pet Type:

Dog (1): _____ Breed: _____ Age: _____ Weight: _____ License #: _____

Dog (2): _____ Breed: _____ Age: _____ Weight: _____ License #: _____

Cat (1): _____ Breed: _____ Age: _____ Weight: _____ License #: _____

Cat (2): _____ Breed: _____ Age: _____ Weight: _____ License #: _____

Other (1): _____ Breed: _____ Age: _____ Weight: _____ License #: _____

Other (2): _____ Breed: _____ Age: _____ Weight: _____ License #: _____

I (We), _____ have completed the registration form and assume **complete** responsibility for my (our) pet(s) at **ALL** times while on this property. I (We) also understand that I (we) must keep the property/complex area free and clear of all animal excrement daily and must not let my (our) pet roam freely around the property/complex.

Applicant 1 Signature Date

Applicant 2 Signature Date

Landlord or Landlord's Agent Signature Date