

42822 Garfield Road, Suite 105 Clinton Township, Michigan 48038 TEL (586) 228-1060 • FAX (586) 228-8346

Property Management - Real Estate - Management Consultants

PET REGISTRATION FORM

Association Na	me:
Your Name:	
Address:	
Phone #:	
E-mail Address	: <u></u>
APPLICATION	FOR PERMIT TO HARBOR A PET:
	erey requested from the Condominium/Homeowner Association for the keeping of a pet in my
unit/home. Be	assured that all members of my family understand and agree to abide by the restrictions of the
Association cor	ncerning pets.
Signed:	
Date:	
DETAILED INF	ORMATION:
I own	_(number of) pets in my unit/home.
They are indoo	r / outdoor animals (circle one)
Type of Pet:	
Breed:	
	Male / Female (circle one)
	
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T	
_	ation Expiration Date:
Tables Vaccing	Mon Expiration Bato
	ABOVE INFORMATION MUST BE COMPLETED AND CORRECT AND AN IDENTIFYING THIS PET MUST ACCOMPANY THIS FORM.
This form is in a it to Stamper a	complaince with the By-Laws of the Association. You are required to complete this form and rend Company.
	Do Not Write Below This Line
APPROVED B	Y:
	Board Member Signature Onle
DATE:	