

BAYVIEW SHORES CONDOMINIUM ASSOCIATION

✂ Pet Registration Form ✂

If you do not own a pet, mark "NO PET" sign, date & submit to The Select Group ____ NO PET

Owner / Residents Name: _____

Unit Address: _____

Phone: (h) _____ (w) _____ (c) _____

I Own _____ Cat it (they) are _____ indoor _____ outdoor (CHECK ONE)

Cats Name: _____

Description (Size, Color, Breed, Distinguishing Marks/Characteristics): _____

Date of Rabies Vaccination: _____

Tag Number & Date of Issuance: _____

I Own _____ Dog it (they) are ____ indoor ____ outdoor (CHECK ONE)

Dogs Name: _____

Description (Size, Color, Breed, Distinguishing Marks/Characteristics): _____

Date of Rabies Vaccination: _____

Tag Number & Date of Issuance: _____

**I HAVE READ THE PET RULES AND REGULATIONS OF THE ASSOCIATION AND
AGREE TO COMPLY WITH THE RULES AS THEY PERTAIN TO PET OWNERSHIP.**

SIGNATURE

DATE