



CHESAPEAKE EAST CONDOMINIUM ASSOCIATION, INC.

PET REGISTRATION FORM

IF YOU DO NOT HAVE A PET, CHECK THIS BOX AND COMPLETE NAME & ADDRESS INFORMATION:

Owner(s)/Resident(s) Name: _____

Unit Address: _____

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

I Own ____ Cat(s). They are indoor ____/outdoor ____ Cat(s)

Animal's Name: _____

Description (size, color, breed, distinguishing markings/characteristics) _____

I Own ____ Dog(s). They are indoor ____/outdoor ____ Dog(s).

Animal's Name: _____

Description (size, color, breed, distinguishing markings/characteristics) _____

Date(s) of rabies vaccination(s) _____

Tag(s) number(s) and date of issuance _____

In the City/County of _____

I have read the rules and regulations of the association and I, as well as all members of the household, promise to comply with the rules as they pertain to pet ownership.

Signature

Date

Return completed form to mromero@theselectgroup.us