



# PELICAN POINT CONDOMINIUM ASSOCIATION PET REGISTRATION FORM



Date: \_\_\_\_\_  
 Name of Applicant: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Unit \_\_\_\_\_  
 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 Species: Pet Breed: \_\_\_\_\_  
 Pet Weight: \_\_\_\_\_  
 Expected Weight at Maturity: \_\_\_\_\_  
 Date of Last Rabies Shot: \_\_\_\_\_

Pet Name: \_\_\_\_\_  
 Pet Species: Pet Breed: \_\_\_\_\_  
 Pet Weight: \_\_\_\_\_  
 Expected Weight at Maturity: \_\_\_\_\_  
 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 \_\_\_\_\_

MAIL FORM TO: Pelican Point Pet Committee at [pelicanpointpetcommittee@gmail.com](mailto:pelicanpointpetcommittee@gmail.com) OR DROP OFF at Pelican Point Association Office located in the Clubhouse.