

CONDOMINIUM ASSOCIATION, INC.

C/O Royal Management Group

747 4th Street, Suite 200, Miami Beach, FL 33139

PET REGISTRATION FORM

Resident's Name: _____

Unit #: _____

Address: _____

Telephone: _____ (w) _____ (h) _____ (m)

Name of Pet: _____ Age: _____ Weight: _____

Sex: _____ Male _____ Female Tag License No. _____

Breed: _____

Name of Veterinarian: _____

Date of last Vaccination (Rabies Shot): _____

Emergency Contact: Name _____ Telephone _____

Additional Information:

(Allergies, disabilities etc.)

Attach Photo:

Attach Last Vaccination Report from Vet:

PETS ARE LIMITED TO DOGS, CATS AND BIRDS OF NO MORE THAN 40LBS. NO EXOTIC OR ENDANGERED PETS ARE ALLOWED!

Approval: _____

Date: _____