

# Canterbury Place

## PET REGISTRATION FORM

UNIT#: \_\_\_\_\_ OWNER NAME: \_\_\_\_\_

**\* ANIMAL INFORMATION**

Type of Pet:  DOG  CAT  OTHERS ( )

Name of Pet: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Rabies Vaccine: \_\_\_\_\_  
Date last given Where

Service Animal License or ID#: \_\_\_\_\_

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Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Weight: \_\_\_\_\_

Rabies Vaccine: \_\_\_\_\_  
Date last given Where

Service Animal License or ID#: \_\_\_\_\_

I HAVE RECEIVED AND READ A COPY OF THE CANTERBURY PLACE RULES REGARDING PETS AND UNDERSTAND MY RESPONSIBILITY TO CONFORM TO THOSE RULES.

I also acknowledge that my failure or the failure of anyone tending my pet, to follow those rules may result in fines authorized by the Canterbury Place Association and/or possible legal action. Furthermore, I agree to provide Canterbury Place with a Veterinarian Certificate if there is any question as to the weight or fitness (vaccine history) of my pet.

OWNER PRINTED NAME: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_