

PARKFAIRFAX CONDOMINIUM ASSOCIATION
PET REGISTRATION

DOG () CAT () BIRD () OTHER () _____

MALE () FEMALE () BREED _____DECLAWED Y N

General Description: (Please begin with predominant color followed by other colors/special markings and any abnormalities or deformities.)

Pet Owners Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Name Pet answers to: _____

No pet (cat or dog) will be permitted on the Common or Limited Elements unless carried or restrained on a leash and under the direct control of a responsible person.

Current City of Alexandria Registration Number: _____

Date and Registration of Rabies Inoculation: _____

By registration of my pet, I acknowledge and agree to abide by the Pet Policy set forth in the Parkfairfax Condominium Unit Owner's Association Policy Resolution Number Seven, relating to the keeping of pets.

I also confirm that as of this date, my pet is current on all inoculations.

Pet Owner Signature: _____ Date: _____

By my signature below, I as the Unit Owner, acknowledge that I am aware of and agree to abide by the Pet Policy set forth in the Parkfairfax Condominium Unit Owner's Association Policy Resolution Number Seven, relating to the keeping of pets. I further acknowledge my responsibility to make my tenants aware of Policy Resolution Number Seven.

Unit Owner Signature: _____ Date: _____

Address: _____(H)
_____(W) _____(C) _____

For Management Office Use Only:

Received:

General Manager Signature Date