

PET REGISTRATION FORM

801 South Plymouth Court Apartment Condominium Association

Resident/Pet Owner Name(s):	Unit #:
Pet Name:	Pet Age:
Type of Pet:	Breed:
	Spayed/Neutered:
	Expected Mature Weight (if applicable):
Emergency contact information, in the	e event that the registered pet owner(s) cannot be contacted:
At the time of registration, the follow	wing must be delivered along with this completed form:
1) A non-returnable, color photo	featuring the pet to be registered and its owner(s);
	accination records demonstrating the pet is up to date on all required hether the pet is spayed or neutered;
Required Vaccinations:	Dogs – Rabies, Bordetella, and Distemper Cats – Rabies, Panleukopenia (Feline Distemper), Feline Calicivirus, and Feline Herpes Virus Type I (Rhinotracheitis)
	ent from a veterinarian attesting to the dog's current weight, and if age, an estimation of the dog's weight at maturity.*
	ACKNOWLEDGEMENT
Apartment Condominium Association managing agent against any loss, claim	to indemnify and hold harmless the 801 South Plymouth Court, the Association's Board of Directors, and the Association's ms, or liability of any kind or character whatsoever arising from the buth Plymouth Court Building. I will promptly and immediately my and all damage caused by my pet.
I have read and will adhere to the attac amended at the discretion of the Board	ched rules regarding pets, which may, from time to time, be d of Directors.
Signature	Date
Signature	
	PET APPROVAL
	ved all of the required information regarding pet ownership at the at Condominium Association. Let this serve as notice that your pet the Association.
Signature	Date

^{*} FREE pet weighing services are available from Burnham Park Animal Hospital, 1025 S State St., (312) 663-9200