

2626 Lakeview Condominium Association

PET REGISTRATION

Please provide complete and accurate information regarding your pet. Please provide Management with a copy of current inoculation and license records. Please include a photo of your pet.

UNIT _____

RESIDENT _____

NAME OF PET _____

BREED _____

COLOR _____

AGE _____

SPAYED/NEUTERED YES NO

(Projected) FULL GROWN WEIGHT _____

Emergency contact name: _____ Tel #: _____

I understand that pet residence in the building is contingent upon compliance with Association House Rules in accordance with the Condominium By-Laws and the Laws of the State of Illinois. I accept financial responsibility regarding any damages caused by my pet.

SIGNED:

Unit Owner/Resident

Date