

**PARKFAIRFAX CONDOMINIUM ASSOCIATION
FOSTER 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.)

Foster Parent Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Name Pet answers to: _____

Expected duration of stay (dates): _____

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.

By registration of the foster 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, the foster pet is current on all inoculations if required. I include with this application the contract I have with my fostering agency.

Foster Parent 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