

**PARKFAIRFAX CONDOMINIUM UNIT OWNERS' 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: _____

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.

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, and my liability for the action of their pet and/or the tenant's failure to abide by the Policy.

Unit Owner Signature: _____ Date: _____

Address: _____

(H) _____ (W) _____ (C) _____