

Dog Registration Form

Dog's Name: _____ Dog's Age: _____

Dog's Sex: _____ Is Dog Spayed or Neutered? _____

Dog's Breed: _____ Approximate Weight: _____

Dog's Color: _____ Markings: _____

Date of Last Rabies Vaccination: _____

Name of Veterinarian: _____

A photo of the above dog must be attached or emailed to complete this registration.

I hereby certify that I am the rightful owner of above dog. I agree to abide by all rules regarding this dog for the property. I acknowledge that the Landlord may, at any time, request the removal of my dog from the property if it causes any nuisance or danger.

I agree to pay any deposits or monthly fees for my dog as outlined in my lease or rules.

If, at a point in the future, you no longer have a pet you may notify the Landlord and discontinue paying pet fees (if applicable). No pet fees will be refunded. Pet deposits will be refunded upon vacating the property.

Signature

Date