

Crosswinds Condominium Association

PET REGISTRATION FORM

Please complete and return to:
Crosswinds
ASSOCIATION MANAGEMENT, INC.
47200 Van Dyke Avenue
Shelby Township, MI 48317

CO-OWNER(S) NAME _____

ADDRESS _____

UNIT NUMBER _____ PHONE NUMBER _____

EMAIL ADDRESS _____

PLEASE LIST IF THIS IS A TENANT'S PET (INCLUDE NAME AND CONTACT NUMBER)

WE HAVE NO PETS AT THIS TIME _____

	Pet 1
Type Pet (dog, cat)	
Name/Breed	
Weight	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
License Number	

Please include a current picture of your pet (if available) for our records.

NAME, ADDRESS & PHONE NUMBER OF VETERINARIAN WHO MAINTAINS IMMUNIZATION RECORDS

Date

Co-owner Signature

Date

Co-owner Signature

Date

Tenant Signature

Please be advised, failure to abide by the Association Bylaws, and Rules & Regulations could result in a fine being imposed upon the owner of the unit where the pet resides.