

# DOMINION STATION CONDOMINIUM PET REGISTRATION FORM

**Return to:**

Dominion Station Condominium  
c/o American Management of Virginia, Inc.  
722 East Market Street, Suite 100  
Leesburg, VA 20176  
Phone: 703-771-3995 // Fax: 703-771-4185  
Email: [RRutherford@amvirginia.com](mailto:RRutherford@amvirginia.com)

**I. APPLICANT INFORMATION:**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**II. PET INFORMATION:**

Select One:     DOG         CAT         OTHER: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Description: \_\_\_\_\_

Additional information to identify pet: \_\_\_\_\_

License #: \_\_\_\_\_ Rabies Tag #: \_\_\_\_\_

**III. PERSON TO CONTACT IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**IV. INDEMNIFICATION:**

By virtue of keeping my pet(s) within the Property I agree to indemnify and hold the Council, each member and the Board of Directors free and harmless from any loss, claim or liability of any kind or character what ever arising by reason of my keeping the above pet(s) within the Property. **I certify that I have read and agree to the pet policies contained in Article XX, Section 1 (h), of the Bylaws and Policy Resolution #01-02, Pet Policies, and hereby incorporated by reference.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: If this application is submitted by a lessee, the Owner or Owner's Agent must sign below.**

Owner/Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_