

THE LAKES HOMEOWNERS' ASSOCIATION, INC.
PET INFORMATION FORM

DATE _____

ADDRESS OF UNIT _____

PET OWNER Owner Tenant _____

CONTACT NUMBERS CELL: _____ WORK: _____ HOME: _____

E-MAIL _____

PET INFORMATION:

PET #1
PET NAME _____ SEX: MALE FEMALE PET TYPE: DOG CAT
BREED _____ COLOR _____ WEIGHT _____
MICROCHIP NUMBER _____ COUNTY TAG# _____
MICROCHIP COMPANY _____ PHONE: _____

PET #2
PET NAME _____ SEX: MALE FEMALE PET TYPE: DOG CAT
BREED _____ COLOR _____ WEIGHT _____
MICROCHIP NUMBER _____ COUNTY TAG# _____
MICROCHIP COMPANY _____ PHONE: _____

PET #3
PET NAME _____ SEX: MALE FEMALE PET TYPE: DOG CAT
BREED _____ COLOR _____ WEIGHT _____
MICROCHIP NUMBER _____ COUNTY TAG# _____
MICROCHIP COMPANY _____ PHONE: _____

If you get a new pet, please register at the office.

Reminder: All dogs must be on a leash. If you have been picking up your pet's waste, we thank you! If not, please begin as it is toxic to the environment.