

# HARBOR OAKS HOMEOWNER ASSOCIATION

## PET REGISTRATION FORM

This Form only represents a request for approval by the Board of your pet. Approval or special accommodation of your pet is required prior to the pet entering the unit to be considered in compliance.

By signing and submitting this **Pet Registration Form**, you acknowledge receiving a copy of the **Permissible Pet Rules and Regulations** and agree to the terms set forth therein. Rules and Regulations attached.

The applicant has included the following items with this Pet Registration Form. Please check where applicable.

☐ Photo (All)      ☐ Copy of License (Dog Only)      ☐ Proof of Rabies Vaccination (Cat & Dog)      ☐ Doctor's Note \* (Service or Emotional Support)

\* A letter from the individual's personal physician or mental health professional is required if disability or disability-related need not readily apparent. The letter must be signed, dated, and printed using health professional's official letterhead.

**IMPORTANT: Pet will not be considered unless these items are provided.**

UNIT NUMBER: \_\_\_\_\_

NAME OF UNIT OWNER: \_\_\_\_\_

OWNER PHONE #: \_\_\_\_\_

NAME OF TENANT: \_\_\_\_\_  
(If Applicable)

TENANT PHONE #: \_\_\_\_\_

NAME OF GUEST: \_\_\_\_\_  
(If Applicable)

GUEST PHONE #: \_\_\_\_\_

### PET INFORMATION

PET'S NAME	TYPE/BREED	COLOR(S) OF PET	AGE	SEX

### PET REFERENCE

VETERINARIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED ☐ NOT APPROVED ☐

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

### REQUIRED DOCUMENTS:

1. Photo of Pet
2. Proof of Rabies Vaccination
3. Copy of License (Dogs Only)
4. Doctor's Note (If Applicable)