

**BAYOU PLACE HOMEOWNERS ASSOCIATION
PET REGISTRATION FORM**

I, _____, owner/resident of (address) _____
hereby notify the Bayou Place Board of Directors that I own the following pet(s) that will reside
at Bayou Place on a full time / part time (select one) basis:

PET 1:

NAME OF PET: _____
TYPE: DOG ___ CAT ___ OTHER: _____
GENDER: MALE ___ FEMALE ___ AGE OF PET: _____
BREED OF PET: _____
COLOR(S): _____
DATE OF RABIES VACCINATION: _____
COUNTY LICENSE/TAG NUMBER: _____
MICROCHIP INFORMATION: _____

PET 2:

NAME OF PET: _____
TYPE: DOG ___ CAT ___ OTHER: _____
GENDER: MALE ___ FEMALE ___ AGE OF PET: _____
BREED OF PET: _____
COLOR(S): _____
DATE OF RABIES VACCINATION: _____
COUNTY LICENSE/TAG NUMBER: _____
MICROCHIP INFORMATION: _____

PET 3:

NAME OF PET: _____
TYPE: DOG ___ CAT ___ OTHER: _____
GENDER: MALE ___ FEMALE ___ AGE OF PET: _____
BREED OF PET: _____
COLOR(S): _____
DATE OF RABIES VACCINATION: _____
COUNTY LICENSE/TAG NUMBER: _____
MICROCHIP INFORMATION: _____

**I have received a copy of the Bayou Place Pet Policy and I agree to abide by the rules
contained therein. I further agree to abide by the Code of Ordinances of Escambia County,
Florida regarding Animals. (Chapter 10)**

SIGNATURE: _____ DATE: _____