

## Pet Registration Form

Please complete and return to the Unit Secretary at Kendal or Crosslands where it will be kept in your medical records file. We ask that you be responsible for updating the form, as indicated. A COPY OF YOUR PET'S MOST RECENT INOCULATION RECORD MUST ACCOMPANY THIS FORM.

Resident Name(s):

Apartment #:

PET:

Type (dog, cat, etc.):

Name:

Breed:

Color:

VETERINARIAN:

Name:

Address:

City:

State:

Zip:

Telephone Number:

PREFERRED BOARDING PLACE:

Name:

Address:

City:

State:

Zip:

Telephone Number:

In the event that you are not able to care for your pet (either temporarily or permanently), who have you designated to be responsible for your pet, either as caretaker or to make decisions regarding plans for your pet? (It is understood that this person(s) has agreed to assume these responsibilities.)

Name:

Telephone Number:

Email Address:

ALTERNATE:

Name:

Telephone Number:

Email Address:

ADDITIONAL INFORMATION YOU WISH TO SHARE ABOUT YOUR PET OR PLANS FOR ITS CARE:

Resident Signature: \_\_\_\_\_ Date: