

Arland Mews Pet Registration/Approval Form

Member(s) _____

Unit # _____

Phone Numbers (home) _____ (work) _____ (cell) _____

Pet Information:

Type of Pet: _____	Type of Pet: _____
Name of Pet: _____	Name of Pet: _____
Sex of Pet: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex of Pet: <input type="checkbox"/> Male <input type="checkbox"/> Female
Spayed/Neutered*: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spayed/Neutered*: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vaccinations*: <input type="checkbox"/> Rabies <input type="checkbox"/> Other (specify): _____	Vaccinations*: <input type="checkbox"/> Rabies <input type="checkbox"/> Other (specify): _____
Description**: <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; text-align: center; padding: 5px;">Attach Photo Here</div>	Description**: <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; text-align: center; padding: 5px;">Attach Photo Here</div>

- * Member must provide documentation upon request
- ** Description should include: height (measured at the top of the shoulder while standing), weight, colour, breed, any special markers, tattoos, and/or distinguishing characteristics.

Please Detail Any Other Pets (ex. guinea pigs, hamsters, birds etc):	EMERGENCY CONTACT PERSON (who could care for pet(s) in the event of emergency)
	Name: _____
	Address: _____
	Contact Numbers: (home) _____
	(cell) _____

Member(s) declare the above information correct and agree to abide by the established Pet Policy.

I understand that the above information will be retained by Arland Mews Housing Co-op in paper and/or electronic format for as long as I am a member of Arland Mews Co-op and/or inform the Co-op in writing that I am no longer the Owner of the above animal(s).

Signed (Member)

Date