

# PET REGISTRATION FORM

<b>Community/Association Name:</b>	
<b>Co-Owner Name:</b>	
<b>Address</b>	
<b>Home Phone</b>	
<b>Work Phone</b>	
<b>Description of Pet (including breed)</b>	
<b>Weight of Pet</b>	
<b>Age of Pet</b>	
<b>Name of Pet</b>	
<b>Name, Address and Phone Number of Veterinarian who maintains your pet's immunization records</b>	

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Owner Signature

Please be advised that failure to abide by the Association Bylaws, and Rules and Regulations could result in a fine being imposed upon the unit owner where the pet resides.

**Please forward completed form to:**  
**The Highlander Group, Inc.**  
**3080 Orchard Lake Road, Suite J**  
**Keego Harbor, Michigan 48320**  
**Phone: 248.681.7883 Fax: 248.682.2161**  
**e-mail: info@highlandergroup.net**