

# PET REGISTRATION FORM

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

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Owner Signature

Please include a copy of proof of vaccinations for both dogs and cats, and a copy of the dog license on an annual basis.

Please be advised that failure to abide by the Association Bylaws, 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: [tsigler@highlandergroup.net](mailto:tsigler@highlandergroup.net)**