15008 Punta Rassa Road, Fort Myers, FL 33908
Tel: (239) 466-9148 – Fax: (239) 466-9331
Web: www.puntarassa.org – E-mail: admin@puntarassa.org

PET REGISTRATION & AFFIDAVIT

THEREFORE, I certify that I have read and understand Sections 21 and 21A of the Rules and Regulations and request permission to keep or harbor a pet. No more than two (2) pets per unit are allowed. I understand that failure to comply with the Rules & Regulations in Section 21A will result in appropriate action by the Board of Directors.

Name of owner (PRINT) _____ Building # _____ Signature of Owner _____

Start / End Date of Lease _____ Cellphone # _____ Email Address _____

1. Type of pet: _____ Age: _____

Breed: _____

Color: _____ Weight: _____

Spayed/Neutered: (circle one) Yes No

Proof of Vaccinations: ( ) Rabies Vaccination
(check all that apply) ( ) DHPP Distemper
( ) Bordetella
( ) Fecal Test

FULL BODY PHOTO

2. Type of pet: _____ Age: _____

Breed: _____

Color: _____ Weight: _____

Spayed/Neutered: (circle one) Yes No

Proof of Vaccinations: ( ) Rabies Vaccination
(check all that apply) ( ) DHPP Distemper
( ) Bordetella
( ) Fecal Test

FULL BODY PHOTO