## PET REGISTRATION SALTPONDS CONDOMINIUM ASSOCIATION, INC.

The undersigned owner(s) or resident(s) of Unit, Saltp Saltponds Condominium Association, Inc. does/do hereby provinformation in compliance with the Resolution and Notice of Intent residents.	ide the Assessment of the care
Type and Breed of Pet:	
Name of Pet:	
Age of Pet:	
Weight of Pet (Certified by veterinarian):	
Color of Pet:	
Pet License No:	
Proof of Insurance for Pet:	1,000 5 10 5 10 5 10 10 10 10 10 10 10 10 10 10 10 10 10
Pet Vaccinations (type and dates):	
Name of person to be contacted in case pet is found on premise	s, lost or injured:
Owner/Resident Telephone No:	
Attach at least two photographs of pet.	
I/We the owner(s)/resident(s) of, do hereby certify, understand and agree that the above Declaration of Condominium of Saltponds Condominium Associ "grandfathered" to avoid legal entanglements. I/We understand an a nuisance, and/or a danger to the property of other owners, or to the condominium property. I/We will not replace this pet or acquivith the Condominium Documents.	ation, Inc. and that the above pet is d agree to remove the pet if it becomes
Printed Name:	
Printed Name:	
Dated:	
Received by:	

ACTIVE: S11235/112241:5952941\_1