

PLEASE RETURN THIS COMPLETED FORM TO THE MANAGEMENT COMPANY.

CRYSTAL SPRINGS CONDOMINIUM ASSOCIATION

Crystal Way, Bellingham, MA 02019

<http://www.cscondo.com>

Pet Registration Form

Owner Information

Name _____

Unit Number _____

Home Phone _____

Pet Information

Pet Name _____

Age _____

Dog/Cat _____

Dog License # _____

Species _____

Breed _____

Height _____

Weight _____

Distinguishing Features:

Please attach two color photos of your pet to this registration along with a copy of its rabies vaccination and a copy of your dog's license (if applicable).

I have read the Rules and Regulations pertaining to Pets and Crystal Springs Condominium. I understand them and agree to abide by them. Outside animals must be tagged with Owner's Unit Number, Phone Number, and vaccination tags.

Signature: _____

Date: _____