



VICKERY HILLS
PET REGISTRATION

Unit Owner's Name _____

Unit Owner's Address _____

Pet Type #1 (dog, cat) _____

#1 Pet Breed and Estimated Weight at Maturity _____

Pet Type #2 (dog, cat) _____

#2 Pet Breed and Estimated Weight at Maturity _____

Please attach copy of current rabies/distemper vaccination.

I (we) have read, understand, and signed the attached Section 13 of the Vickery Hills Rules and Regulations that pertains to Household Pets. (All residents of the Unit must sign.)

Signature _____ Date _____

Signature _____ Date _____

Please return this form to the Trustees.

