



**A 55+ Age Restricted Community**  
5749 Palm Beach Blvd Fort Myers, FL 33905 Phone 239-694-3707

## PET REGISTRATION FORM

Date: \_\_\_\_\_

Resident's Name (Applicant): \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1) Type of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_

2) Type of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_

3) Service or Support Animal: Yes  No

4) Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

1. Include Vaccine Record, Rabies, Dates and copy of record
2. Current photo of dog

The following dog breeds **are not permitted per our insurance carrier's guidelines:**

Doberman Pinschers, German Shepherds, Rottweilers, Staffordshire Terriers, Presa Canarios, Boerboels, Cane Corsos, Akitas, bulldog breeds (including Pit Bulls), wolf breeds, and Chows

I understand that any falsification of information or failure to register my pet may result in the denial of approval by the Board.

I further understand that I am fully responsible and financially liable for the actions of my pet and have read the Rules and Regulations regarding the control of my pets.

\_\_\_\_\_  
Signature of Owner(s)

\_\_\_\_\_  
Please Print Name

For Office use:

Date approved: \_\_\_\_\_ Date Denied: \_\_\_\_\_

Reason: \_\_\_\_\_

Records & Photo attached.

Service/ support documentation