



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: _____ Age: _____ Name: _____

2) Type of Pet: _____ Breed: _____ Age: _____ Name: _____

3) PHOTOS AND SHOT RECORDS FOR EACH PET MUST BE INCLUDED _____

4) **Service/Support Animal:** ☐ Yes ☐ No

5) **What work or task has this dog been trained to perform?**

6) Veterinarian: _____ Phone: _____

Address: _____

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 attached