PET APPLICATION

(Please attach a photo of your pet here)

OWNER INFORMATION

Name: _____

_____
Address City

_____
Home Phone Work Phone

PET INFORMATION

Pet's Name: _____

Type/Breed: _____ Yr of Birth: _____

Sex: _____ License No. _____

How long have you owned this pet? _____ (yrs/mos)

Does your pet wear a collar w/visible ID? YES ☐ NO ☐

Veterinarian: _____ Phone: _____

Vet's Address: _____

Emergency Contact: _____ Phone: _____

Do you have a letter from your Vet stating your pet is in good health and up-to-date on vaccinations? YES ☐ NO ☐

Have there been any complaints about your pet at your current address? YES ☐ NO ☐

If so, what was the problem (and solution)? _____

Does your pet have any medical or behavior problems? YES ☐ NO ☐

If so, what treatment or training has pet received? _____

FOR DOG OWNERS

Do you keep your dog on a leash when you go for walks? YES ☐ NO ☐
Do you clean up your dog's waste when walking him? YES ☐ NO ☐
Has your dog ever bitten anyone? YES ☐ NO ☐

_____

Date: _____ _____
Applicant

Service Pet Registration

UNIT NUMBER_____ OWNER'S NAME_____

☐ FULL TIME RESIDENT ☐ PART TIME RESIDENT

PET'S NAME_____ PET'S TAG NUMBER_____

BREED_____ ☐ MALE ☐ FEMALE

COLOR_____ SIZE_____WEIGHT_____

DATE PET AQUIRED_____ DATE PET WAS INOCULATED_____

VETERINARIAN_____

I acknowledge that the above referenced pet will be subject to the Rules and Regulations of Camino Real Village.

_____ _____

SIGNATURE DATE

SWORN TO AND SUBSCRIBED BEFORE ME this_____day of_____,20_____

by_____, who is personally known to me or who

has produced_____as identification.

Signature of Notary: _____

Type/Print Name of Notary:_____

Commission Number: _____

Commission Expires: _____

Date Received by Property Management Office: _____

Date Decision Rendered by Board of Directors: _____

Decision (circle one): ACCEPTANCE / DECLINATION

APPLICATION: Waiver to Allow Unit Owner to Keep Dog in their Unit

Background: This application is used by Unit Owners requesting a waiver to the 2002 "Resolution of the Board of Directors Restricting Pet Animals" thereby providing permission for Unit Owner to maintain one dog on property.

Directions:

1. Unit Owner is to complete this Application to the best of their ability.
2. Application shall be delivered to the Board of Directors, care of the Property Management Office. The Application and all supporting materials shall be submitted in hard copy form in a consolidated packet.
3. For an Application to be considered by the Board of Directors at a scheduled meeting, the Application must:
   a. Be received at the Property Management Office no less than seven calendar days prior to the scheduled meeting, and
   b. Contain all information requested in the proceeding table.

Unit Owner Contact Information	
Unit Owner Name(s):	
Address:	
Telephone Number (primary):	
Telephone Number (secondary):	

Description of the Dog[1]:	
Breed of Dog	
Gender of Dog	
Age of Dog	
Identifying Characteristics: *(attach photo if available)*	

[1] Note: If the Unit Owner has not yet chosen a specific dog prior to submitting this Application, than the Unit Owner shall to the best of their ability provide details on the type of dog planned to acquire.

Request Details	
Reason for Request	
Description of how lifestyle activities are **substantially** limited	
Medical Statement	Note: A medical statement from a licensed physician and/or therapist must be provided with this Application. Statement MUST include: 1. Date 2. Description of medical need 3. Confirmation that this request is the preferred treatment 4. Description of how the medical need limits one or more major life activity 5. Signature of the licensed physician & /or therapists &/or Social Worker
Unit Owner Signature:	
Date Submitted:	

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