Hills of Oxford II PET REGISTRATION (An identifying picture *must* accompany this form.)

OWNER NAME			UNIT#
ADDRESS			
HOME PHONE	HIS CELL	HER CELL	
I am requesting approval condominium. I/we furthe below, as well as the rules	er understand and agree	e to abide by the followi	
county and city (att 2. My pet will not be a responsible person 3. My pet will not be t 4. I understand that I caused by my pet. 5. I understand that I of my pet's droppin 6. My pet will not be a	tach a copy of vaccinate allowed out of my home allowed out of my home and restrained by a leaded up outside in any value am directly responsible must immediately remands. Allowed to make unrea	e except when accompagesh. vay. e for the cleaning up of a ove and properly dispos	anied by a any mess e of any
I UNDERSTAND THAT V BYLAWS MAY CAUSE A CONDOMINIUM IF IT IS AND REGULATIONS OF	N ANIMAL TO BE REI DETERMINED TO BE	MOVED FROM THE IN VIOLATION OF ANY	
Name of Pet(s)		Breed	
Color		Weight	
Owner Signature		Date	
Owner Signature		Date	