

ANNUAL ANIMAL REGISTRATION

The Association requires all animals/pets to be registered with the Association. Annual Vaccination records for domestic dogs and cats are required to be submitted to Association Management. A current weight (within 12 months) must be noted on the submitted vaccine report. (County Code Sec. 4-29).

NAME:				
ADDRESS:		, CHAMPIONS	GATE, FL 33896	
PLEASE SELECT ONE: UNIT	OWNER	TENANT 🗆 LEASE DA	TES FROM	_ TO
ANIMAL INFORMATION (#1) NAM	IE OF ANIMAL: _			
TYPE (DOG OR CAT):		BREED:		-
GENDER:	IS ANIM	MAL SPAYED OR NEUTERED)?	_
AGE:	_ CURRE	NT WEIGHT OF ANIMAL:		
IS THE ANIMAL AN EMOTIONAL TREATING PROVIDER THAT THE	SUPPORT ANIN ANIMAL IS NEE	MAL? (PLEASE F EDED TO ALLEVIATE A SYM	PROVIDE DOCUMENTA PTOM OF A MEDICAL	ATION FROM A CONDITION.)
IS THE DOG A SERVICE ANIMAL I DOCUMENTATION FROM A TREA	REQUIRED BECA ATING PROVIDI	AUSE OF A DISABILITY? ER THAT THE ANIMAL IS NI	(PLEAS EEDED)	E PROVIDE
ANIMAL INFORMATION (# 2) NAN	/IE OF ANIMAL: _			
TYPE (DOG OR CAT):		BREED:		_
GENDER:	IS ANIM	MAL SPAYED OR NEUTERED)?	_
AGE:	CURRE	NT WEIGHT OF ANIMAL: _		
IS THE ANIMAL AN EMOTIONAL TREATING PROVIDER THAT THE	SUPPORT ANIN ANIMAL IS NEE	MAL? (PLEASE F EDED TO ALLEVIATE A SYM	PROVIDE DOCUMENTA PTOM OF A MEDICAL	ATION FROM A CONDITION.)
IS THE DOG A SERVICE ANIMAL I DOCUMENTATION FROM A TREA	REQUIRED BECA ATING PROVIDI	AUSE OF A DISABILITY? ER THAT THE ANIMAL IS NI	EEDED)	E PROVIDE
PLEASE ATTACH CURRENT VETER INOCULATION RECORDS FOR EACH				T WEIGHT AND
Your veterinarian can email vacc weight or it is outdated, Manage you to take your pet in for a weight	ement will cont	act Veterinarian for a curre	ent weight. Most Vete	rinarians will allow
Please refer to Pet Policies Adop	ted 6/23/20.			
SIGNATURE:				