

PET REGISTRATION FORM

Community/Association Name:	
Co-Owner Name:	
Address	
Home Phone	
Work Phone	
Description of Pet (including breed)	
Weight of Pet	
Age of Pet	
Name of Pet	
Name, Address and Phone Number of Veterinarian who maintains your pet's immunization records	

Date

Co-Owner Signature

Please be advised that failure to abide by the Association Bylaws, and Rules and Regulations could result in a fine being imposed upon the unit owner where the pet resides.

Please forward completed form to:
The Highlander Group, Inc.
6632 Telegraph Road. Ste. 347
Bloomfield Hills, Michigan 48301
Phone: 248.681.7883 Fax: 248.682.2161
e-mail: info@highlandergroup.net