

ENCLAVE at INVERRAR Y

PET REGISTRATION FORM

OWNER: _____ UNIT _____

ADDRESS: _____

PHONE: _____

BREED OF DOG: _____

APPROXIMATE WEIGHT WHEN FULL GROWN _____

COLOR: _____ TAG #: _____

VETEINATRIANS NAME: _____ PHONE _____

(SEE RULES REGARDING PETS IN RULES & REGULATIONS)

I UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION OR FAILURE TO REGISTER MY DOG MAY RESULT IN THE DENIAL OF APPROVAL BY THE BOARD.

I AM FULLY RESPONSIBLE FOR THE ACTION OF MY DOG(S) AND UNDERSTAND THE HOA DOCUMENTS AND RULES AND REGULATIONS REGARDING THE CONTROL OF MY PET(S):

I FURTHER AGREE TO HOLD HARMLESS THE ASSOCIATION AND TO REIMBURSE THE ASSOCIATION FOR ALL ATTORNEY FEES AND COURT COST AS A RESULT OF ANY INJURY OR DAMAGE CAUSED BY MY DOG(S) RESULTING IN THE ASSOCIATION BEING NAMED IN ANY LEGAL ACTION AS A RESULT OF THE ACTIONS OF MY DOG(S).

I FURTHER AGREE TO ALWAYS HAVE MY DOG(S) ON A LEACH WHEN OUTSIDE OF MY UNIT. I ALSO AGREE TO PICKUP AFTER MY DOG(S) AND TO DISPOSE MY DOG’S WASTE IN MY TRASH CAN AND NOT THE TRASH CAN OF OTHER UNIT OWNERS OR TO USE THE DUMPSTER BELONG TO THE CONDOS FOR THIS PURPOSE.

PET OWNERS SIGNATURE

PET OWNERS PRINTED NAME

Date: _____