

**AZALEA WOODS CONDOMINIUM ASSOC., INC.**

**Please drop off your completed form ASAP to:**

**Barbara Claussen  
Unit 606  
2460 Northside Dr  
Clearwater, Fl 33761**

**YEARLY DOG AND PET REGISTRATION,  
DATE \_\_\_\_\_**

**Name of Owner:** \_\_\_\_\_

**Address of Property:** \_\_\_\_\_

**Breed of Dog:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Cat or other Pet:** \_\_\_\_\_

**Name/Address/Phone # of Veterinarian:** \_\_\_\_\_

**County Pet Tag Number:** \_\_\_\_\_

**Name of Dog:** \_\_\_\_\_

**Health Certificate with shot record and vets signature must be included.**

**Is Dog Chipped? Yes** \_\_\_\_\_ **NO** \_\_\_\_\_

I/we hereby attest that the above information is true and correct to the best of our knowledge. If any information we provided proves false, we understand that the Association may cancel the pet privilege and my pet would have to be removed from the premises. We also hereby agree to abide by the pet restrictions and rules and regulations of the Association, as well as the Pinellas County leash laws. Should any information change, we will notify the Association immediately.

\_\_\_\_\_  
**Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Owner**

\_\_\_\_\_  
**Date**

