

AZALEA WOODS CONDOMINIUM ASSOC., INC.

Please drop off your completed form ASAP to:

**T.C. Sayles, LCAM
Ameri-Tech Community Management
24701 US HIGHWAY 19 N SUITE 102
Clearwater, Fl 33763**

**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

