



THE MOORINGS ASSOCIATION

PET REGISTRATION FORM

Each Co-owner and Registered Tenant owning a pet at The Moorings must complete and return this form as indicated at the bottom.

1. Co-owner name: _____
Address: _____
Unit Number: _____

2. Tenant name (if different than above): _____
Address: _____

3. Pet name: _____
 - a. Type: (i.e. cat or dog) _____
 - b. Breed: _____
 - c. Date of Birth: _____

4. Please attach vaccination record. Attached: ☐ Yes
☐ No

5. Please attach copy of dog license. Attached: ☐ Yes
☐ No

I AGREE TO ABIDE BY THE PET RESTRICTIONS IN ARTICLE VI, SECTION 5 OF THE AMENDED AND RESTATED BYLAWS, RULE E.21 OF THE RULES AND REGULATIONS, ANY OTHER APPLICABLE RULES AND REGULATIONS OF THE MOORINGS, AND ANY APPLICABLE REQUIREMENTS OF THE CITY OF NEW BUFFALO.

Dated: _____ Sign: _____

ACCEPTANCE BY THE MOORINGS ASSOCIATION:

Dated: _____ Sign: _____
Its: _____