

Pet Data Form

Canton Lofts Homeowner's Association
 c/o Majestic Reality Service, Inc
 16901 Dallas Parkway, Suite 230, Addison, Texas 75001
 for 2220 Canton Street, Dallas, Texas 75201

Personal Information	
Pet Owner's Name - Responsible Party	
Unit Number	
Home Phone Number	
Mobile Phone Number	
Email Address	
Pet A	
Pet Type	<input type="checkbox"/> Dog <input type="checkbox"/> Cat
Pet's Name	
Color	
Weight	
Breed	
Breed Verification (VET) Received	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please submit a TX Rabies Vaccination Certificate</small>
Vaccination Documentation Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pet Registration/License Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please submit a TX Rabies Vaccination Certificate</small>
Registration Tag Number	
Pet B	
Pet Type	<input type="checkbox"/> Dog <input type="checkbox"/> Cat
Pet's Name	
Color	
Weight	
Breed	
Breed Verification (VET) Received	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please submit a TX Rabies Vaccination Certificate</small>
Vaccination Documentation Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pet Registration/License Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Please submit a TX Rabies Vaccination Certificate</small>
Registration Tag Number	

Please attach a copy of Breed Verification (this is your rabies certification) and Vaccination Documentation to this form.

I, _____, owner/resident of unit(s) _____, hereby notify the Board of Directors that I own and am responsible for the above mentioned pet(s) that will reside at the Canton Lofts. I have received a copy of the 2220 Canton Lofts' Pet Policy and I agree to abide by the rules contained herein.

Owner Signature

Owner Printed Name

Date

Occupant Signature

Occupant Printed Name

Date

Managing Agent Signature

Agent Printed Name

Date