



# PET REGISTRATION

## STRATA PLAN BCS367

Name of Owner:	Strata Lot #
Address:	

Type of Pet <input type="checkbox"/> CAT <input type="checkbox"/> DOG <input type="checkbox"/> OTHER (specify) _____	Physical Description of Pet(s) Age of Pet(s) (at registration) _____ Tattoo No. _____
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Contact person who will care for pet in emergency: Name: _____ Address: _____ _____ Telephone: _____	Photo of Pet
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**OWNER'S DECLARATION**

I (We) declare the information given to be correct with respect to the Pet described above.

\_\_\_\_\_  
(signed)

\_\_\_\_\_  
(signed)

\_\_\_\_\_  
Date