

**CLOISTERS WEST
HOME OWNERS ASSOCIATION, INC.**

PET REGISTRATION FORM

As a resident of Cloisters West Home Owners Association, Inc., the undersigned (and all residents and tenants of the undersigned) agree to abide by the rules and policies adopted by the Association's Board of Directors concerning any pet policy and any revisions to such pet policies.

<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other (Specify) _____
Breed: _____	Breed: _____
Name of Pet: _____	Name of Pet: _____
Age of Pet: _____	Age of Pet: _____
Weight: _____	Weight: _____
Coloring: _____	Coloring: _____
Neutered? <input type="checkbox"/> yes <input type="checkbox"/> no	Neutered? <input type="checkbox"/> yes <input type="checkbox"/> no
Declawed (cats only) <input type="checkbox"/> yes <input type="checkbox"/> no	Declawed (cats only) <input type="checkbox"/> yes <input type="checkbox"/> no
RABIES # _____	RABIES # _____
LICENSE # _____	LICENSE # _____
Other Vaccinations _____	Other Vaccinations _____

Please include a photograph of your pets with this form.

Pet Owner Name: _____
(Please print)

Address: _____

Tenant: _____
(Please print)

Signature: _____ Date: _____

Complete and return this form to:

Tilton Bernstein Management
1827 14th Street, N.W.
Washington, DC 20009
(Telephone) 202-232-5247