



# *Country Aire Estates M.H.P.*

## **Pet Registration Form**

Date: \_\_\_\_\_ ☐ Cat ☐ Dog ☐ Other

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell

E-Mail: \_\_\_\_\_

Another Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell

### **Pet Description:**

Animal's Name: \_\_\_\_\_ ☐ Male ☐ Female Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Size/Weight: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Wears a Collar? ☐ Yes ☐ No Description of Collar: \_\_\_\_\_

Collar with Tags? ☐ Yes ☐ No Type of Tags: \_\_\_\_\_

Is animal registered? ☐ Yes ☐ No If yes, what city? \_\_\_\_\_

Microchip? ☐ Yes ☐ No

Temperament: \_\_\_\_\_

Should strangers show extra caution in approaching your animal? ☐ Yes ☐ No

If yes, why? \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

If animal is injured, will you accept responsibility for veterinary charges? ☐ Yes ☐ No

Any known medical problems? ☐ Yes ☐ No If yes, what? \_\_\_\_\_

**COMPLETE ONE (1) FORM PER PET, ATTACH PET'S PICTURE, AND RETURN TO OFFICE.**

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