



PET REGISTRATION

Date: _____ Unit #: _____ 520 580
Name: _____ Phone: _____
Cell Phone: _____ Work: _____ (for emergencies)
Email: _____

Alternative Emergency Contact: If I cannot be reached, please phone my contact(s) listed below to act on my behalf and obtain medical assistance for my pet if necessary:

Name:	Relationship	Phone:
_____	_____	_____
_____	_____	_____

Number of Pets: DOGS (_____) CATS (_____) OTHER: _____
Pet Name: _____ Tag #: _____
Breed: _____ Color: _____ M <input type="checkbox"/> F <input type="checkbox"/>
Pet Name: _____ Tag #: _____
Breed: _____ Color: _____ M <input type="checkbox"/> F <input type="checkbox"/>

Veterinary Clinic: _____
Address: _____
Doctor: _____ Phone: _____

I HAVE READ AND AGREE TO ABIDE BY THE HAWAII KAI PENINSULA HOUSE RULES PERTAINING TO PETS, INCLUDING, BUT NOT LIMITED TO, LEASH, WASTE, NOISE AND NUISANCES REGULATIONS. PETS ARE NOT ALLOWED TO RUN FREE ANYWHERE ON THE PROPERTY AND ALL OWNERS MUST CLEAN UP AFTER THEIR PET(S).

Signature: _____ Date: _____

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