

## PET REGISTRATION FORM

It is the policy of Pennsylvania Department of Agriculture and of Providence Forge Association that all animals be licensed and vaccinated. In an effort to comply with state ordinances and to protect our animals, we have committed to achieving 100% registration of our residents' pets. Therefore, please complete the following form to register your pets with the Association.

Name of Owner(s)				_Unit# Phone#
Name of Tenant(s) (if rental)				Emergency Contact
Total number of pets at this residen	ce? Dog(s)	C	Cat(s)	
all registered pets of our communic	y. The registration v	will be valid	for two	ociation will be providing identification tags (free of charge) for o years, and will be renewed on a bi-annual basis. This tag will to contact you in the event that your animal is found.
<u>PLEASE</u>	COMPLETE THE	FOLLOW	ING FO	OR EACH PET IN YOUR HOME.
DOGS:				
Name		Age	_ Breed	d
M/F Neutered/Spayed	_ Color/Markings _			
License #	Rabies Vaccination	Expiration I	Date	Vet
Name		Age	Breed	d
M/F Neutered/Spayed	_ Color/Markings			
				Vet
CATS:				
Name		Age	Breed	d
M/F Neutered/Spayed	_ Color/Markings _	_		
Rabies Vaccination Expiration Date	· <del></del>	Vet		
Name		Age	_ Breed	d
M/F Neutered/Spayed	_ Color/Markings			
Rabies Vaccination Expiration Date	·	Vet		
have not yet licensed your dogs (610) 948-6714 to obtain a staperiod of one calendar year, and	with the county of ate license applicate I must be renewed	r one of its tion. Lice each Janua	authonses ar ury.	onths of age or older must have a current license. If you orized agents, please contact the PF Association Office a tre issued by the County Treasurer; they are good for
				ogs and cats three (3) months of age or older must by County Health Department's Rabies Clinics that offe
I have received and read a copy of the Association Handbook. I agree to a				Section I, Paragraph C.2. of the Providence Forge Homeowner's promulgated in the future.
Signature of Pet Owner				Date
Witness	Date Received			