



# PET REGISTRATION STRATA PLAN

Name of Owner:	Suite #
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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<b>OWNER'S DECLARATION</b>	
I (We) declare the information given to be correct with respect to the Pet described above.	
_____ (signed)	
_____ (signed)	
_____ Date	

Please submit the completed Pet Registration form to FirstService Residential online here: [bcsupport.fsresidential.com](https://bcsupport.fsresidential.com) Or if your building has a defined area to submit correspondence for your Strata Council, please leave it there.