

c/o Cedar Management Group, 10610 Metromont Parkway, Suite 204, Charlotte, NC 28269 Phone: (704) 644-8808 | Toll Free: (877) 252-3327 | Fax: 800-334-0526

## 🖮 PET REGISTRATION FORM 🔏

If you do not own a pet, check here <u></u> , sign, date and return to Cedar M	anagem
Owner / Residents Name:	
Unit Address:	
Phone: (h) (c)	
I OwnCat(s) it (they) are indoor outdoor (CHEC	K ONE)
Cat(s) Name(s):	
Description (Size, Color, Breed, Distinguishing Marks/Characteristics):	
Date(s) of Rabies Vaccination(s):	
Tag Number(s) & Date(s) of Issuance:	
I Own Dog(s) it (they) are indoor outdoor (CHEC	K ONE)
Dog(s) Name(s):	
Description (Size, Color, Breed, Distinguishing Marks/Characteristics):	
Date(s) of Rabies Vaccination(s):	
Tag Number(s) & Date(s) of Issuance:	

## I HAVE READ THE PET RULES AND REGULATIONS OF THE ASSOCIATION AND AGREE TO COMPLY WITH THE RULES AS THEY PERTAIN TO PET OWNERSHIP.

SIGNATURE

Email the completed form to Cedar Management Group at support@mycmg.com