

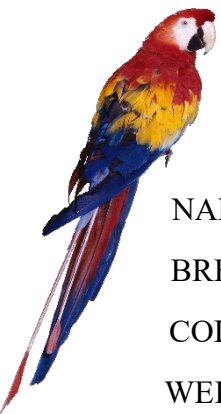


Coromandel Community Association
Pet Registration

Today's Date: _____



PLACE PET PHOTO HERE



TYPE: Dog Cat Bird Rabbit

NAME OF PET _____

BREED: _____

COLOR: _____

WEIGHT: _____ HEIGHT: _____

VACCINATION/RABIES NUMBER: _____ EXP. DATE: _____

OWNERS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Return this form to MSMITH@BCMLTD.COM or
 Drop off at the Management office – 375 Kelburn Rd.

