

**Island Club of Corkscrew
PET FORM**

- ☐ **I do not have a pet at this time.**
- ☐ **I understand that falsification of information or failure to register my pet(s) will result in revocation or the denial of approval by the Board.**
- ☐ **I further understand that I am fully responsible for the action of my pet(s) and have read the Rules and Regulations regarding the control of my pet(s).**

Max (3) NORMAL PETS

Please attach current veterinarian records.

BUYER: _____ Bldg./ Unit # _____

Address: _____

Home # _____ Work # _____

Type of Pet: _____ Present Weight: _____

Breed: _____ Weight at Maturity: _____

Type of Pet: _____ Present Weight: _____

Breed: _____ Weight at Maturity: _____

Type of Pet: _____ Present Weight: _____

Breed: _____ Weight at Maturity: _____

Signature of Proposed Buyer

Please print name

Association Approval

Date