

PET REGISTRATION

Please complete and return to Tribe Management Inc.

Date: _____

Name: _____

Phone Number: _____ Email: _____

Suite Number: _____ at _____

City: _____ Strata Lot: _____ Strata Plan: _____

(Check one)

You are the: Owner Tenant

(Check one)

New Information Updated Information

Name of Pet: _____

Type of Pet (i.e. cat, dog, bird, etc.): _____

Breed of Pet: _____

Description (weight, height, colour): _____

Age of Pet: _____ years

I/We understand and agree that if I/we violate any aspect of the Strata Bylaws or Rules, I/we will be subject to penalties imposed by the Strata Corporation against my/our Strata Lot.

Signature

Print Name

Date