



PET REGISTRATION FORM

Address & Unit #: _____

Phone #: _____

Last: _____ First: _____

Resident's Name

Last: _____ First: _____

Resident's Name

Pet Caregiver (if any) Name: _____

Phone #: _____

Pet #1 **Proof of License Received?** **Date:**
 Proof of Vaccination Received? **Date:**

Name	
Breed	
Weight	
Age	
Year licensed <i>(for dogs & cats)</i>	

Pet #2 **Proof of License Received?** **Date:**
 Proof of Vaccination Received? **Date:**

Name	
Breed	
Weight	
Age	
Year licensed <i>(for dogs & cats)</i>	

Please attach proof of license (for dogs & cats) and a color photograph of your pet.

IMPORTANT: Per the city of Long Beach, effective Friday July 16th, 2010, all cats within the City of Long Beach are required to have a license, including permanent tag and/or microchip.

For additional licensing information call 562-570-7387.

Pet Rules and Regulations

By signing and submitting this pet registration form to West Ocean Association, I affirm that I have read and understand the Pet Rules and Regulations. The facts set forth herein are true and complete.

Owner's Signature: _____ **Date:** _____