

Colonial Square Homes, Inc.  
Pet Permit

To Each Member:

In accordance with our Rules and Regulations, each member will file with the Manager's Office a statement, stating whether or not they have a pet.

GUIDELINES FOR REGISTRATION OF PETS:

1. Only one (1) pet per unit.
2. There is a 30 lb. weight limit on mature dogs and a 24 inch height limit at the shoulders.
3. The following breeds are banned: Staffordshire Terriers or Pit Bulls, Dobermans, Rottweilers, Akitas, Chow Chows, wolf hybrids or a mix thereof.
4. All pets will be registered with the office along with proof current vaccinations.
5. NO exotic pets such as snakes and monkeys are allowed.

GUIDELINES CONCERNING RESPONSIBILITY OF YOUR PET:

1. Your pet will not make unreasonable noise.
2. Dogs are not to be tied outside in unfenced yards.
3. Fenced yards must be kept clean from pet refuse.
4. The pet will not be allowed out of the townhouse or fenced backyard except when restrained by a leash and accompanied by a responsible person.
5. When walking pets, please carry the necessary equipment to clean up after the pet.
6. Any pet that attacks or bites a person will be removed from the cooperative at the discretion of the Board of Directors.
7. Cat litter must be disposed of in sealed bags.

If you do NOT own a pet, please sign this form and mark that you do not own a pet.

Member name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ I/We do not own a pet \_\_\_\_\_

APPLICATION FOR A PET PERMIT

SPECIAL NOTE: Failure to provide ALL information requested will result in your "Permit" being turned over to the board of C.S.H., Inc. for possible denial and/or removal of pet from C.S.H., Inc. property.

\_\_\_\_\_ I do own a pet (Please fill in the following application for a pet permit and include a copy of said pets rabies shot record from your vet.) **Please provide a picture of your pet if possible.**

Date \_\_\_\_\_

I hereby apply for permission to keep the following pet:

\_\_\_\_\_ Dog  
\_\_\_\_\_ Cat  
\_\_\_\_\_ Other \_\_\_\_\_

Description \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Rabies shot tag number \_\_\_\_\_

Dog or cat has been sterilized \_\_\_\_\_ YES \_\_\_\_\_ NO

Members Name \_\_\_\_\_

Address \_\_\_\_\_