

OAKRIDGE HOMEOWNERS ASSOCIATION
PET REGISTRATION FORM

In accordance with Article 3, Section 10 of the CC & R's, please register my pets as follow.

Name of Oakridge Pet Owner _____

Street address _____ Owner/Tenant (Circle)

Telephone _____

Dog or cat (Circle) Male or Female (Circle)

PETS NAME: _____

WEIGHT: _____ LBS. COLOR: _____

DISTINGUISHING MARKINGS _____

AGE: _____ BREED: _____

Is your pet registered with the Contra Costa County Animal Control? _____

Has your pet been either sprayed or neutered? _____

Has your pet received a rabies vaccination in the past 2 months? _____

Date given _____ Date expired _____

Veterinarian _____

Forward this completed form to Bates & Associates, 70 Railroad Ave. Danville, CA 94526