

**EAST HORIZON CONDOMINIUM ASSOCIATION
PET AND ASSISTANCE ANIMAL POLICY & PROCEDURE**

PET/ASSISTANCE ANIMAL REGISTRATION FORM

PLEASE PRINT CLEARLY:

Unit # _____

Unit Owner (Primary Contact):

Name _____

Phone _____ (Text? Yes _____ No _____)

Email: _____

Pet Information

Animal Type/Description:

Dog: _____

Cat: _____

Other (please specify): _____

Animal Weight: _____

License Number and Municipality:

Please attach proof of immunizations for animals not licensed in Brevard County, FL.

Is this an assistance animal?

Yes: _____ No _____

Are there any special instructions with respect to your pet should emergency unit access become necessary?
