SIDDHA TOWN MADHYAMGRAM

ASSOCIATION OF APARTMENT OWNERS

PET REGISTRATION / DECLARATION FORM

Date of Registration: _____

A. DETAILS OF FLAT OWNER

Flat No.: _____

Name of Flat Owner: _____

Contact No. of Owner: _____

Email ID: _____

B. DETAILS OF PET

Type & Name of Pet: _____

Species / Breed: _____

Approximate Age: _____

Sex: _____

Colour / Identification Mark: _____

Vaccination Details

Anti-Rabies Vaccination Valid Up To: _____

Veterinary / Vaccination Certificate Attached:

- ☐ Yes
- ☐ No

(e.g., Dog / Cat – Name)

C. DECLARATION BY THE FLAT OWNER

I, _____, being the owner / resident of **Flat No.** _____, hereby declare that I have read and understood the rules, regulations, and guidelines prescribed by the **Siddha Town Madhyamgram Association of Apartment Owners** regarding the keeping and handling of pets within the society premises.

I agree to provide updated vaccination or other relevant records whenever required by the Association.

D. SIGNATURE

_____

Signature of Flat Owner *Date*

For Office Use Only — Received by: _____ *Date:* _____ *Reg. No.:* _____