



GRS Management, Inc

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**Point South Condominium Association, Inc.
Pet Registration Form**

Association: _____

Date: _____ Unit/Account Number: _____

Resident/Occupant Name: _____

Property Address: _____

Phone: _____ Alt. Phone: _____

Email: _____

Type of Pet(s) (Breed and Color): _____

All units are limited to one (1) pet not to exceed forty (40) pounds (lbs)

Pet age and weight (lbs): _____

County Tag License # (will be verified on County Website): _____

Last time pet was vaccinated (attach proof of vaccination): _____

Veterinarian Name: _____

Veterinarian Phone: _____

PLEASE ATTACH PHOTOGRAPH OF PET:

Pet Owner Signature

____/____/____

Date

For Official Use Only:

Dog Tag #: _____

Paid Check #:

