



THE PET LOVERS ASSOCIATION OF CHARLESTOWN
Pet Registration Form



Pet Owner's Information:

Resident's Last Name,

First Name

Apartment #

Spouse/Significant Other

Cell Telephone #

Apartment Telephone #

Pet's Information:

Pet's Name

Age of Pet

Total # of Pets in Home

Weight/Size of Pet

Color of Pet

Predominant Breed

Type of Pet:

☐ Cat

☐ Dog

☐ Other:

Sex of Pet:

☐ Male

☐ Female

My pet has been neutered:

☐ Neutered

☐ Not Neutered

Baltimore County License #

Expiration date:

Rabies/Vaccinations

Expiration dates:

Special needs or comments:

Emergency Contact: (List other contacts on the back of this form.)

Name

Relationship to Resident/Pet Owner

Address

City, State Zip Code

Home & Cell Telephone #

Primary Veterinarian:

Veterinarian

Office Telephone #

Address

City, State Zip Code

Home & Cell Telephone #

Please complete this form and return it via campus mail to:

Sherry Parrish, Resident Life Director.

Note: Pet owners are expected to read and follow the courtesy rules as listed in the Charlestown Resident Handbook under the listing of Pets.