

RETURN TO:
ISLAND SHORES ESTATES, C.A.
51 Franconia Road
Penacook, NH 03303



Phone: (603) 753-6026 • Fax: (603) 753-9000 • Web: <http://www.iseca-web.com> • E-mail: iseca@myfairpoint.net

ANIMAL REGISTRATION

PLEASE PRINT LEGIBLY

I _____ (*print owner/resident name*) request permission to keep a pet at our unit located in Island Shores Estates. I have read the Rules & Regulations pertaining to pets and agree to abide by them. I fully understand and agree that if I am notified of a violation of the Association's Pet Rules and Regulations that I may be requested to remove the pet from the premises immediately.

A copy of the rabies vaccination and distemper for all dogs and cats must be attached along with a recent photograph of each animal. We must also be provided with the City of Concord's license number for each resident dog. Each dog must be DNA tested in the office within 24 hours of bringing the animal into residence, the cost of the test will be assessed to your account.

AS THE OWNER OF THIS UNIT _____ (*ISECA Address*), I agree to take full responsibility for the actions of this pet and its owner(s). This includes taking action to remove this pet from the property and/or eviction of the tenants, if applicable, if I am notified of any violation of the Association's Pet Rules and Regulations warranting removal. As the property owner, I agree to pay all fines assessed against the unit for violations of these rules, in accordance with the amended terms of the lease regarding pet rules.

Date _____ Tenant/Owner Signature _____

RENTERS/TENANTS PLEASE HAVE YOUR LANDLORD SIGN THE FOLLOWING APPROVAL:

APPLICANT(S) Name _____

UNIT ADDRESS _____

Daytime Phone _____ **Work** _____

E-mail _____ **Home** _____

FILL IN ALL SHADED AREAS		
CIRCLE ONE:	CAT / DOG 1	CAT / DOG 2
CIRCLE ONE:	Male / Female	Male / Female
NAME		
DATE OF BIRTH &/OR AGE	AGE: _____	AGE: _____
WEIGHT (<i>circle one</i>)	UNDER 10 lbs	UNDER 10 lbs
	11-20 lbs	11-20 lbs
	21-50 lbs	21-50 lbs
	OVER 50 lbs	OVER 50 lbs
BREED (<i>most dominate in a mix</i>)		
COLOR		
SPECIAL MARKINGS		
ALTERED (Spayed/Neutered)	YES / NO	YES / NO
RABIES/DISTEMPER (bring copies)	YES / NO	YES / NO
HOW LONG RESIDENT OF ISECA?	YEARS _____ MONTHS _____	YEARS _____ MONTHS _____
PICTURE ATTACHED	YES / NO	YES / NO
CITY TAG #		
LIST DESCRIPTION OF CAT(S)/OTHER (please describe); name, age, weight, coloring, altered?		

<i>For Office Use Only</i>	<i>Paid \$</i> _____
RECEIVED: _____	APPROVAL DATE: _____ DENIAL DATE: _____
REASON DENIED: Prohibited Breed, too many pets, other: _____	
Appeal or Conditional Approval by Board of Directors, Action Date: _____ BOD Approved or BOD Denied;	
SIGNED: _____, <i>Deana Rizzo, CMCA, Property Manager</i>	
<i>rev. 12/24/2013</i>	