

**Williamsburg Village Condo Association**  
**Leashed Pet Registration Form**

Resident's Name: \_\_\_\_\_

Unit: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet(s) Name: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Breed: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Color: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Male/Female: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Age: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

I acknowledge receipt of the Association's Rules and Regulations regarding pet ownership and agree to abide by same. I acknowledge that the express written permission given to me by the WVCA on this date to keep the above listed pet(s) is revocable at any time by the WVCA in their sole discretion.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date

ATTACH PICTURE HERE