

**WINDEMERE AT CHELMSFORD CONDOMINIUM**  
**PET REGISTRATION REQUEST FORM**

Date: \_\_\_\_\_

Unit Owner (s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work telephone #: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**PET INFORMATION**

Type of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Name of Pet \_\_\_\_\_ License/Registration number \_\_\_\_\_

Weight: \_\_\_\_\_

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Type of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Name of Pet \_\_\_\_\_ License/Registration number \_\_\_\_\_

Weight: \_\_\_\_\_

\* All Unit Owners shall provide the Association on a yearly basis with proof of any and all necessary updates regarding licensing and/or vaccination.

**Please return this Request Form with a photograph of your pet.**

Please return to: Windemere at Chelmsford Condominium  
c/o E.P. Management Corp.  
7 Tozer Road  
Beverly, MA 01915