

# THE CLOISTER AT ST. HENRY

## PET REGISTRATION FORM

Please Print

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*\*Maximum Pet Weight: 40 Pounds\*\*\***

*(A Variance Request must be submitted for dogs over the 40-pound limit. Pets are defined as dogs, cats or certified service animals.)*

Pet #1: Name: \_\_\_\_\_ Type & Breed: \_\_\_\_\_

Age: \_\_\_\_\_ License/ID: \_\_\_\_\_ Sex: \_\_\_\_\_

Pet #1: Name: \_\_\_\_\_ Type & Breed: \_\_\_\_\_

Age: \_\_\_\_\_ License/ID: \_\_\_\_\_ Sex: \_\_\_\_\_

I hereby authorize the Cloister Board of Directors to take any and all actions necessary to verify the content of this registration.

I understand that such actions may include but are not limited to contacting current or past landlords or neighbors where the pet resided and past animal care providers.

I will hold the Cloister Owners Association harmless from liability for the accurate reporting of such information to the Property Manager or the Cloister Owners Association.

I certify that all information provided by me is correct and complete; I understand that any misrepresentation or omission is a cause for the Cloister Owners Association to reject or decline this application which will result in the pet rejection.

\_\_\_\_\_  
Applicant Signature

**\*\*\*\*\*VETERINARY CARE PROVIDER TO COMPLETE NEXT PAGE\*\*\*\*\***  
**(one form for each pet)**

**Dear Veterinary Care Provider: Please Print**

This registration will not be considered until both pages are filled out completely.  
We appreciate your help in encouraging responsible pet ownership.

Name of Pet: \_\_\_\_\_ Dog  Cat  Weight: \_\_\_\_\_

Is the information provided by the owner accurate according to your records?  YES  NO

Is this pet up to date on shots and immunizations?  YES  NO

Is this pet spayed or neutered?  YES  NO

If the pet is a dog, is the true breed listed above?  YES  NO

If you answered NO to any questions, please explain:

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If the pet is a dog, is the breed considered aggressive?  YES  NO

If you answered YES, does this dog seem to have aggressive tendencies and how could they best be tempered:

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When was the date of their last visit? \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Email: \_\_\_\_\_

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

I certify the information on page 1 and above is accurate to the best of my knowledge.

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

Signature of Veterinary Care Provider

**Return to Cloister Owners Association  
CMA, Inc.  
1916 Patterson Street, Suite 308  
Nashville, TN 37203**

**Property Manager: Hanna Gritsak, 615-600-4911, hgritsak@cmacommunities.com**