



PET REGISTRATION FORM

The following pet(s) is hereby registered:

TYPE: _____

DESCRIPTION: _____

AGE: _____ SIZE: _____

NAME OF PET: _____

OTHER IDENTIFYING MARKS/INFORMATION:

PICTURE OF PET

UNIT #: _____ NAME: _____

DATE: _____

PLEASE ENSURE THIS FORM IS COMPLETED AND RETURNED TO BAYSIDE.

MAIL: SUITE 100 – 6400 ROBERTS STREET, BURNABY, BC V5G 4C9
EMAIL: records@baysideproperty.com
FAX: 604-430-2698

THANK YOU.