



GS Pet Registration Form

Note : Signed Form to be submitted in the Maintenance office along with photocopy of Pet's Vaccine card.

Email: _____

Resident's Name : _____ Owner Tenant

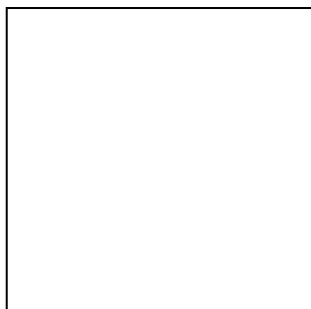
Date of Registration: _____

Phone Number: _____

GS Tower: _____ Apartment # : _____

Pet 1 Detail

Picture of Pet 1



Mark the Pet you are registering : Dog Cat Other _____ (Mention type)

Date you adopted your Pet (DD/MM/YY) : _____

Pet Name _____ Gender : Male Female

Pet Breed : _____ Pet Weight : _____ Pet Height _____

Neutered or Sprayed Yes No

Description and Identifying Mark : _____

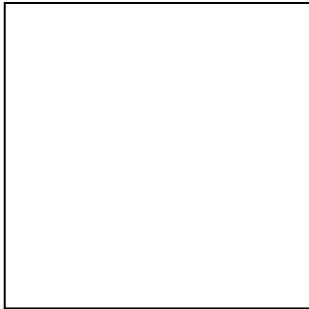
Is your Pet Vaccinated for Rabies _____

Any other details you want to give for your Pet _____

KCI registration (if any) _____

Pet 2 Detail (If applicable)

Picture of Pet 2



Mark the Pet you are registering: Dog Cat Other _____ (Mention type)

Date you adapted your Pet (DD/MM/YY) : _____

Pet Name _____ Gender : Male Female

Pet Breed : _____ Pet Weight : _____ Pet Height _____

Neutered or Sprayed Yes No

Description and Identifying Mark : _____

Is your Pet Vaccinated for Rabies _____

Any other details you want to give for your Pet _____

KCI registration (if any) _____

Pet owner agrees to follow all rules and regulations as per Gaur Saundryam AOA pet policy

Date: _____

Signature _____

Note : If service of Pet Caretaker is availed responsibility of Pet lies with Pet Owner

Annexure :

1. Vaccination Card