

**SHIPYARD CONDOMINIUM ASSOCIATION, INC.**

201 Front Street, Suite 103  
Key West, Florida 33040  
(305) 296-0556  
Facsimile (305) 293-0251

**Submitted to the Board of Directors for approval.**

**\*PET REGISTRATION APPLICATION**

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

Pet Owner's Name: \_\_\_\_\_

Pet Owner's Property Address: \_\_\_\_\_

Name(s) of Pet(s): \_\_\_\_\_

Breed: \_\_\_\_\_

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



**Pet Agreement:**

I agree to abide by the attached rules concerning pets in the condominium.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Pet Owner's Signature

- \*A separate application form must be submitted for each pet.**
- \*Proof of vaccinations must be submitted with application(s).**
- \*Two pets maximum are permitted per unit.**