



MAKAHA SURFSIDE

Pet Registration Form

It is required by the By-Laws and the Board of Directors that all pertinent information be provided and maintained on file for administrative purposes. Please mail or fax the completed form to the Makaha Surfside Office. Please notify the office of any changes. Thank you.

Request Date: _____

Resident Name: _____ **Unit #:** _____

Phone Number(s) _____

Type of Pet:		Breed:	
Color:		Weight:	
Pet's Name:			
Registration #:			
Vet's Name:			
Vet's Phone #			

Need to know information about the pet: _____

Resident Signature: _____ **Date:** _____

*****For Office Use Only*****

Approved <input type="checkbox"/> Yes <input type="checkbox"/> No By:	Date:
---	--------------

Makaha Surfside Association of Apartment Owners
c/o the Makaha Surfside
85-175 Farrington Highway
Waianae, Hawaii 96792

Office: 808-696-6991(Tel) 808-696-7871 (Fax)
Security: 808-696-6990 (Tel) 808-696-6966 (Fax)