

**EXHIBIT A**  
College Oaks Condominium Association

Pet Registration Form

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Unit Address: \_\_\_\_\_  
Resident Name: \_\_\_\_\_  
Cellular Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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Type of Pet (dog, cat) \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
Breed (if applicable): \_\_\_\_\_  
Color or Marking: \_\_\_\_\_  
Weight \_\_\_\_\_  
Gender \_\_\_\_\_  
Fairfax County Tag Number (dogs only): \_\_\_\_\_

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Type of Pet (dog, cat) \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
Breed (if applicable): \_\_\_\_\_  
Color or Marking: \_\_\_\_\_  
Weight \_\_\_\_\_  
Gender \_\_\_\_\_  
\_\_\_\_\_ County Tag Number (dogs only): \_\_\_\_\_

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**\*\* Applications for cats and dogs must include proof of rabies vaccination.**

I hereby certify my understanding and willingness to comply with the provisions of the College Oaks Policy Resolution No. 2020 Pet Policies.

\_\_\_\_\_  
Signature Date