

PET REGISTRATION

CAINS VIEW ESTATES 2209 EAST STREET NORTH

Resident _____ Address _____

Kind of Pet _____ Name _____ Height _____

Description _____

1. No animal may be kept in the Park without first receiving permission of management, and all pets must be registered in the management office. Management reserves the right to reject or approve any pets.
2. Pets must be inoculated and licensed according to City of Sioux Falls regulations and wear these tags at all times. Proof must be provided for record to management annually.
3. All the pets must be leashed when outside the house. Noisy or unruly pets, or those about which justifiable nuisance complaints are received, will not be allowed to remain in the Park.
4. Pets are not to be allowed in the common area, such as the tornado shelter, or any other location where people may walk or congregate. Should a pet be found running free, it will be held for pick-up by Animal Control. If any pet is picked up three times, it will not be allowed back into the Park.
5. Management shall assume no responsibility for the occurrence of harm, injury or death to a pet caused by agents or employees of management, or by guests of residents, or by residents, or by independent contractors.
6. All pet litter must be removed from the home space by pet owner daily and deposited in a plastic garbage bag for disposal. This disposal may not be put at any location that could endanger the health of any person.
7. Any pet which is to reside in the Park must be considered a domesticated animal by the general populace. Management reserves the right to judge the domesticity of any animal.
8. The pet's owner is responsible for damage caused by his/her pet to Park property or the property of any other resident.
10. The Park Resident Guidelines are hereby made a part of this registration by reference.
11. A pet fee of \$ 10.00 per month will be charged.
12. Falsification or misinformation may be cause for termination of tenancy.

Comments: _____

I do hereby certify that I have read and understand the above conditions and that I will abide by them in full.

WITNESS

Date _____ / _____ / _____

Resident's Signature

Manager

Resident's Signature