Lost Mountain Manor Condominiums
c/o Woodbridge Group ♦ P.O. Box 237, Pittsford, NY 14534 ♦ (585) 385-3331

Pet Registration Form

Pet owners must register each pet by completing and filing this form with the Managing Agent. Any pet must be registered immediately upon occupancy. This form along with a copy of pet's license and vaccination information must be returned to Woodbridge Group:
email to Service@Woodbridgegrouppro.com, or mail to Woodbridge Group.

Name of Unit/ Pet Owner: _____ Unit Address: _____
Pet Owner's Telephone No: _____
Type of Pet: Dog ☐ Cat ☐ Pet's Name: _____
If pet is a dog, indicate breed: _____ Dog's Weight: ____lbs.
License tag number: _____ Expiration date: _____
Rabies vaccination tag number: _____Expiration date: _____

Attach a current photograph of the pet in this space.

I hereby acknowledge and certify that I am fully responsible for my pet at all times. I agree to promptly clean up and properly dispose of my pet's waste. I further understand that the Board reserves the right to revoke this permission if I fail to comply with these responsibilities or if my pet's behavior or waste management becomes an issue on the Lost Mountain Campus

Unit Owner's Signature: _____Date: _____