Additional Pet Application -1643 Preston Road Resolution Worksheet

Date: June 19, 2019

Suggested Motion:

"I move to approve an additional pet at 1643 Preston Road".

 2^{nd} :

Summary: See attached application. There are no complaints on file.

Vote:

	In Favor	Opposed	Abstained	Absent
Scott Buchanan				
Dan Courtney				
Susan Cox				
Maria Wildes				
James Konkel				
Rich Moha				
Kathy Schramek				
Nicholas Soto				
Robin Woods				

PARKFAIRFAX CONDOMINIUM ASSOCIATION ADDITIONAL PET APPLICATION

Name: AGATA T. Ku2NIAR Phone#:\				
Work# :()				
Work#:(_)Address: 1643 Preston Rd. Alexandria, VA 22302				
Unit Owner Name and Address: Ruth Woods (if different than above) 1671 Preston Rd. Alexandria, VA 22302				
I seek approval for an additional pet in my home.				
I presently have: One dog (Number and type of pets)				
wish to add: Maggie - dog (Name and type of pet)				
(Name and type of pet) Current City of Alexandria Registration #:(Cats/Dogs) ALX-12 CBJKN 5/15/19 - emailed (copy of the city of Alexandria registration form must be attached) Date and registration of rabies inoculation: (Cats/Dogs) 5/14/19 # 37/7530 on 5/15/19				
Date and registration of rabies inoculation: (Cats/Dogs) 5 14 19 # 3717530 on 5 15 19				
No pet (cat or dog) will be permitted on the Common or Limited Elements unless carried or restrained on a leash and under the direct control of a responsible person.				
By my signature below, I affirm that I will abide by the decision of the Board of Directors. I further confirm that such additional pets will not be used for commercial breeding purposes and that they are properly registered at the Unit Owners Association. I acknowledge and will abide by the pet policies set forth in Parkfairfax Condominium Unit Owner's Association Policy Resolution Number Seven, related to the keeping of pets.				
I also confirm that as of this date, my pet is current on all inoculations.				
Pet Owner Signature Date				
By my signature below, I as the Unit Owner, acknowledge that I am aware of and agree to abide by the Pet Policy as set forth in the Parkfairfax Condominium Unit Owner's Association Policy Resolution Number Seven, relating to the keeping of pets. I further acknowledge my responsibility to make my tenants aware of Policy Resolution Number Seven.				
Unit Owner Signature Date (See back page)				

	Pet Policy 2017
BOARD USE ONLY: REVIEW DATE:	
APPROVAL DATE	
HEARING DATE:	
APPROVAL VERIFICATION SIGNATURE	
GENERAL MANAGER:	
NOT APPROVED:	
REASONS FOR NOT APPROVING:	
NON-APPROVAL VERIFICATION SIGNATURE	
GENERAL MANAGER:	Date
DFFICE USE ONLY PENDING PET COMPLAINTS NOPEREVIOUS PET COMPLAINTS	

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Agata Kuzniar 1643 Preston Rd Alexandria, VA 22302 Home Phone: (727) 466-7991 agatakuzniar@yahoo.com



Banfield Pet Hospital 7690 Richmond Hwy, Alexandria, VA 22306-2843 (703) 660-6643

Rabies Certificate

Certificate Date

Tuesday, May 14, 2019 4:05 PM

Pet Information

Name:

Maggie Kuzniar

Species:

Canine

Breed:

Mix

Gender:

Female (Spayed)

Color:

Brindle 13y/0m

Age: Weight:

38.60 lbs

Microchip ID:

Rabies Tags

Banfield National Pet ID#

3717530

County & Tag #

None

Microchip ID: FDX-A0A10345103

Manufacturer: Other/Unknown

Manufacturer:

Vaccine Information

Vaccine Name: Rabies (Type: Killed)

Producer: Zoetis Defensor 3

Administered: 5/14/2019

Due Date: 5/14/2022

Lot/Serial #: 321286

Lot/Serial Expires: 5/5/2020

Route: Subcutaneous

Site: Right Rear

I hereby certify that I have vaccinated this pet in accordance with all state and Federal laws and regulations on this date.

Administered by:

E BUMS, MRCUS

Licensed Veterinarian: Dr. Courtney Valerio

DVM License Number: 0301204410

Please note that in order to comply with Virginia state law we are required to document the following: An animal is not considered immunized for at least 28 days after the initial or primary vaccination is administered. Please check with your local county or state animal control authorities for more information in regards to rabies vaccination requirements in your area.

Any rabies certificate for this pet printed prior to the date of this certificate is null and void

ReportID: RabiesCert.en.x Time Printed: 4:05 PM

Hospital #1353

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Date Printed: 5/14/2019