

**Additional Pet Application -1621 Preston Road  
Resolution Worksheet**

Date: August 21, 2019

**Suggested Motion:**

“I move to approve an additional pet at 1621 Preston Road”.

2<sup>nd</sup>.

**Summary:**      There are no complaints on file for the first pet.

**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: Thomas Opearing Phone# \_\_\_\_\_ - easiest to reach  
Kathryn King during bus. hrs.  
 Work# : ( ) \_\_\_\_\_

Address: 1621 Preston Rd.

Unit Owner Name and Address: \_\_\_\_\_  
 (if different than above)

I seek approval for an additional pet in my home.

I presently have: one dog  
 (Number and type of pets)

I wish to add: one additional dog  
 (Name and type of pet)

Current City of Alexandria Registration # : (Cats/Dogs) L19-131698  
 (copy of the city of Alexandria registration form must be attached)

Date and registration of rabies inoculation: (Cats/Dogs) 17 JAN-2019 - 025148

**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.

Kathryn A. King 13 July 2019  
 Pet Owner Signature Date

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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.

Kathryn A. King 13 July 2019  
 Unit Owner Signature Date (See back page)

**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 \_\_\_\_\_

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OFFICE USE ONLY

ND PENDING PET COMPLAINTS

NO PREVIOUS PET COMPLAINTS

Revised June 2016

## CERTIFICATE OF RABIES VACCINATION

**Date of Rabies Vaccination:** 01-17-19  
**Next Rabies Vaccination On:** 01-17-20

**VETERINARY CLINIC**

PC Spay/Neuter & Wellness Clinic  
1910 N. Church Street Suite E  
Greensboro, NC 27405  
336-333-5336

**OWNER OF ANIMAL**

Martinsville/HenryCo SPCA  
132 Joseph Martin Hwy  
Martinsville, VA 24112  
County:

**This is to certify...**

**THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.**

**Patient information...**

**PATIENT:** Macho  
**SPECIES:** Canine  
**SEX:** Neutered Male  
**Color and markings:** Brown and White

**TAG NO:** 025148  
**WEIGHT:** 66.20  
**AGE:** 5Y

Signed



Julie Hollifield DVM

**License:** 4162

**Vaccinations done...**

01-17-19 JLH Rabies Canine, 1yr, #025148  
01-17-20

**Rabies Vaccine Information...**

**MFG BY:** ZOE  
**LOT EXP:** 11/06/19

**SER.NO:** 293126  
**ADM:**

**Animal Welfare League Of Alexandria**  
4101 EISENHOWER AVE ALEXANDRIA, VA 22304  
(703) 746-4774

**Receipt Number: R19-004966**

**Receipt Date: Saturday, July 13, 2019**

Person Information: KAITLYN KING  
1621 PRESTON RD  
ALEXANDRIA, VA 22302

PID: P100381

Received From: KAITLYN KING

Check No:

Phone:

Item:	Animal ID:	Reference No:	Price:	Qty:	Amount:
LICENSE DOG SN	A077723	L19-131698	\$10.00	1	\$10.00

**Total Fees Due: \$10.00**

<b>Payments:</b>	Cash:	\$10.00
	Check:	\$0.00
	Credit Card:	\$0.00

**Total Payments Received: \$10.00**

**Thank You!**

Change: \$0.00

Balance Due: \$0.00

**Animal Information:**

A077723 - MACHO - 5 YEARS OF AGE, NEUTERED, POINTER, BLACK AND WHITE DOG

**License Information:**

Tag Number:	Expires:	Animal ID:	Vacc Date:	Term:	Vacc Expires	Type:	Amount:
L19-131698	01/17/20	A077723	01/17/19	12	01/17/20	LICD SN	\$10.00
<b>TOTAL LICENSE FEES:</b>							<b>\$10.00</b>

**Business Hours:** Weekdays 9 AM - 7 PM **\*\*Closed Wednesday\*\*** Saturday - Sunday 12 PM - 5 PM

**Animal Visitation:** Weekdays 12 PM - 7 PM **\*\*Closed Wednesday\*\*** Saturday - Sunday 12 PM - 5 PM

Clerk: SFURMAGE SHELTER

Transaction Date: 07/13/19

12:03:12PM

Print Date: 07/13/19