

# Additional Pet Application -3440 Gunston Road Resolution Worksheet

Date: October 16, 2019

## Suggested Motion:

"I move to approve an additional pet at 3440 Gunston 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 Konkell				
Rich Moha				
Kathy Schramek				
Nicholas Soto				
Robin Woods				

Foster Parent 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 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: \_\_\_\_\_  
 Address: \_\_\_\_\_ (H)  
 \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

For Management Office Use Only:

Received:

General Manager Signature Date \_\_\_\_\_

Revised 1/18/17

### PARKFAIRFAX CONDOMINIUM ASSOCIATION ADDITIONAL PET APPLICATION

Name: Taylor B. Meade Phone# : (276) 2194901

Work# : (571) \_\_\_\_\_

Address: 3440 Gunston Road Alexandria VA

Unit Owner Name and Address: Contact Real Property Management Pros 703-424-7767  
 (if different than above)

I seek approval for an additional pet in my home.

I presently have: 1 dog  
 (Number and type of pets)

I wish to add: 1 dog (Name  
 and type of pet)

Current City of Alexandria Registration # : (Cats/Dogs) 135414 (copy of the city of  
 Alexandria registration form must be attached)

Date and registration of rabies inoculation: (Cats/Dogs) 7/24/2019

**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.

Tyler B. Maula 10/7/2019

**Signature Date**

**Pet Owner**

=====

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.

Contact Real Property Management Pros 703-424-7767

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

===== OFFICE USE ONLY  
NO PENDING PET COMPLAINTS NO PREVIOUS PET COMPLAINTS

Revised 8/21/19



City of Alexandria Animal Licensing  
 CO Pet/Dom  
 PO Box 141929  
 Irving, TX 75014-1929

## City of Alexandria, Virginia Animal License Receipt

License Tag No. 0135414

License Date	07/24/19	License Expires	07/31/22	Am't Paid	\$25.00	Lic Type	Altered Dog 3Y
Rabies Vaccination Date	07/24/19	Vaccination Expiration Date	07/24/22				

Pet's Name	Breed	Color	Sex
TWIGGY	GREYHOUND	FAWN/RED	S

The following will be used to contact you in case your pet is found. Please call us or visit our website to update your information.

Home Phone (276) 219-4901  
 Work Phone  
 Alternate Phone



Dear Pet Owner: The metal license tag you receive with your first license is permanently assigned to your pet. If a tag is not enclosed, please compare the tag number printed here to the number on your pet's license tag and notify us if they do not match.

[www.alexandriaanimals.org/licensing](http://www.alexandriaanimals.org/licensing) ❖ Toll-free 1-855-884-9553

**TAYLOR MEADE**  
**501 HOLLAND LN #311**  
**ALEXANDRIA, VA 22314-3555**

*Thank you for being a responsible pet owner!*  
*Please keep this receipt as proof of your license.*

# RABIES VACCINATION CERTIFICATE

LAST		FIRST		RABIES TAG #	
Meade		Taylor		7408-19	
STREET		CITY		MICROCHIP #	
501 Holland Lane Apt #311		Alexandria		(276) -	
SPECIES:		SEX:	DOB:	WEIGHT:	PREDOMINANT BREED:
Canine	FS	Apr 12, 2014	72.7lbs.	Greyhound	PREDOMINANT COLORS AND MARKINGS:
				ANIMAL NAME:	Red & Fawn
				Twigg	
STATE		ZIP			
VA		22314			
TELEPHONE #					
(276) -					

DATE VACCINATED:	PRODUCT NAME:	VETERINARIAN'S NAME:
Jul 24, 2019	Defensor3	Kristin Territo, DVM
	MANUFACTURER:	License # 0301006768
	Zoetis	Veterinarian's Signature:
	VACCINE DURATION:	<i>Kristin Territo DVM</i>
	3 year	
NEXT VACCINATION DUE BY:	VACCINE SERIAL (LOT) #:	ADDRESS:
07/23/2022	293125 06NOV19	VCA Alexandria Animal Hospital
		2660 Duke Street
		Alexandria, VA 22314-4509
		(703) 751-2022
		<i>Kristin Territo DVM</i>

Please Note: An animal is not considered immunized for at least twenty-eight (28) days after the initial or primary vaccination is administered.

