

# Additional Pet Application – 1933 Quaker Lane Resolution Worksheet

Date: June 17, 2020

### Suggested Motion:

“I move to approve an additional pet at 1933 Quaker Lane”.

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				
Dave Bush				
Nicholas Soto				
Robin Woods				
Jeff Lisanick				

**PARKFAIRFAX CONDOMINIUM ASSOCIATION  
ADDITIONAL PET APPLICATION**

Name: Michael and Martha Grace Moore Phone#: (703) [REDACTED]

Work#: (423) [REDACTED]

Address: 1933 N. Quaker Lane Alexandria, VA 22302

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

I seek approval for an additional pet in my home.

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

I wish to add: one cat (Arthur)  
(Name and type of pet)

Current City of Alexandria Registration # : (Cats/Dogs) 0134151  
(copy of the city of Alexandria registration form must be attached)

Date and registration of rabies inoculation: (Cats/Dogs) 05/14/2019 25925

**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.

Martha Grace B. Moore, Michael Moore  
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.

Martha Grace B. Moore, Michael Moore  
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

NO PENDING PET COMPLAINTS

NO PREVIOUS PET COMPLAINTS

Revised 1/18/17

# City of Alexandria, Virginia Animal License Receipt

License Tag No. 0134151



City of Alexandria Animal Licensing  
C/O PetData  
PO Box 141929  
Irving, TX 75014-1929

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

**MARTHA GRACE B MOORE  
1933 N QUAKER LN  
ALEXANDRIA, VA 22302-2105**

License Date	License Expires	Amt Paid	Lic Type
04/16/20	05/31/22	\$5.00	Altered Cat 3Y
Rabies Vaccination Date	Vaccination Expiration Date		
05/14/19	05/14/22		
Pet's Name	Breed	Color	Sex
ARTHUR	DOMESTIC SH	TRICOLOR	N

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

# CERTIFICATE OF VACCINATION

**Date of Rabies Vaccination:** 05-14-19  
**Next Rabies Vaccination On:** 05-13-22

**Certificate No:** 25925  
**Previous Rabies Vaccination:** <oldtag>

**VETERINARY CLINIC**  
Fresh Pond Animal Hospital  
15 Flanders Road  
Belmont, Ma. 02478  
617-484-1555

**OWNER OF ANIMAL**  
Martha Grace Moore  
73 Davis Rd Apt 2  
Belmont, MA 02478  
County:

This is to certify...

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

## Patient information...

**PATIENT:** Arthur  
**SPECIES:** Feline  
**SEX:** Neutered Male  
**Color and markings:** Grey And Black  
**Microchip:**

**TAG NO:** 27437-19  
**WEIGHT:** 11.19  
**AGE:** 3Y  
**BREED:** Domestic Short Hair

Amanda Fogaren, DVM

**License:** 7621

## Vaccinations done...

05-14-19 AF2 Vaccine Fel Rabies Purevax 3yr Admin, #2  
05-13-22  
07-30-18 \*\*\* Vaccine Fel Rabies Purevax 1yr Admin  
07-30-18 \*\*\* Vaccine Fel Distemper Combo 3yr Admin  
07-29-21

## Rabies Vaccine Information...

**MFG BY:** MERIA  
**LOT EXP:** 20MAR20

**SER.NO:** 19022-10603  
**ADM:** RHL