

**Additional Pet Applications – 1552 Mt. Eagle Place  
Resolution Worksheet**

Date: March 20, 2024

**Suggested Motion:**

“I move to approve the additional pets at 1552 Mt. Eagle Place”.

2<sup>nd</sup>:

**Summary:**

This is a new unit owner. There are no pet complaints on file. The owner requests approval for her four pets: two cats and two dogs.

**Vote:**

|                 | In Favor | Opposed | Abstained | Absent |
|-----------------|----------|---------|-----------|--------|
| Scott Buchanan  |          |         |           |        |
| Dave Bush       |          |         |           |        |
| Peggy Clancy    |          |         |           |        |
| Claire Eberwein |          |         |           |        |
| Peter Ferrell   |          |         |           |        |
| Marieke Johnson |          |         |           |        |
| Matthew Larson  |          |         |           |        |
| Jeff Lisanick   |          |         |           |        |
| Amanda Mullan   |          |         |           |        |

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: Kyleigh Church Phone#: (304) 641-0393

Work#: (    ) \_\_\_\_\_

Address: 1552 Mount Eagle Place

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

I seek approval for an additional pet in my home.

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

I wish to add: \_\_\_\_\_ (Name and type of pet)

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

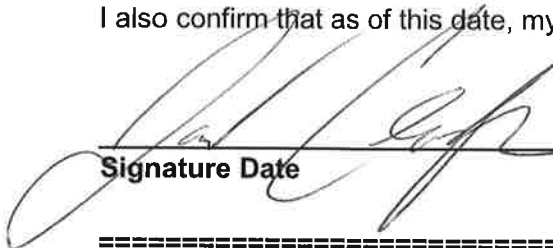
See Attached

Date and registration of rabies inoculation: (Cats/Dogs) \_\_\_\_\_

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.

 \_\_\_\_\_ 3/5/24 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)

BOARD USE ONLY: REVIEW DATE: \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

HEARING DATE: \_\_\_\_\_

APPROVAL VERIFICATION SIGNATURE

GENERAL MANAGER: \_\_\_\_\_

NOT APPROVED: \_\_\_\_\_

REASONS FOR NOT APPROVING: \_\_\_\_\_

NON-APPROVAL VERIFICATION SIGNATURE

Property shall be deemed to have indemnified and agreed to hold the Condominium and each Unit Owner free and harmless from any loss, claim or liability of any kind or character whatever arising by reason of keeping or maintaining such pet within the Condominium. All pets shall be registered with the Board of Directors and shall otherwise be registered and inoculated as required by law.

Article V, Section 8, a (8) is prescriptive for the Policy Resolution #7, Pet Policy. Any changes to the above statement in the Bylaws require a two-thirds vote of the Parkfairfax owners.

**PARKFAIRFAX CONDOMINIUM ASSOCIATION PET REGISTRATION**

DOG ( ) CAT  BIRD ( ) OTHER ( ) \_\_\_\_\_

MALE ( ) FEMALE  BREED Tabby DECLAWED Y  N

General Description: (Please begin with predominant color followed by other colors/special markings and any abnormalities or deformities.)

Brown fur

Pet Owners Name: Kyleigh Church Home Phone: 304-641-0393

Address: 1552 Mount Edge Pl Work Phone: \_\_\_\_\_

Name Pet answers to: Mali

**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.**

Current City of Alexandria Registration Number: 0141479

Date and Registration of Rabies Inoculation: 12/28/2023 31955-23

By registration of my pet, I acknowledge 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 also confirm that as of this date, my pet is current on all inoculations.

Pet Owner Signature: Kyleigh Church Date: 03/04/2024

PARKFAIRFAX CONDOMINIUM ASSOCIATION  
PET REGISTRATION

DOG ( ) CAT (X) BIRD ( ) OTHER ( ) \_\_\_\_\_

MALE ( ) FEMALE (X) BREED \_\_\_\_\_ DECLAWED Y (N)

General Description: (Please begin with predominant color followed by other colors/special markings and any abnormalities or deformities.)

White + grey fur (siamese)

Pet Owners Name: Kyleigh Church Home Phone: 304-641-0393

Address: 1552 Mount Eagle Pl Work Phone: \_\_\_\_\_

Name Pet answers to: Ellie

**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.**

Current City of Alexandria Registration Number: 0141477

Date and Registration of Rabies Inoculation: 12/28/2023 31956-23

By registration of my pet, I acknowledge 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 also confirm that as of this date, my pet is current on all inoculations.

Pet Owner Signature: [Signature] Date: 01/03/2024

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: [Signature] Date: 01/03/2024  
Address: 1552 Mount Eagle Pl, Alexandria, VA 22302 (H)  
(W) \_\_\_\_\_ (C) 304-641-0393

For Management Office Use Only:

Received:

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

PARKFAIRFAX CONDOMINIUM ASSOCIATION  
PET REGISTRATION

DOG  CAT ( ) BIRD ( ) OTHER ( ) \_\_\_\_\_

MALE  FEMALE ( ) BREED Lab DECLAWED Y  (N)

General Description: (Please begin with predominant color followed by other colors/special markings and any abnormalities or deformities.)

White fur with brown spots on face and back

Pet Owners Name: Kyleigh Church Home Phone: 304-641-0393

Address: 1552 Mount Eagle Pl Work Phone: \_\_\_\_\_

Name Pet answers to: George

**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.**

Current City of Alexandria Registration Number: 0141476

Date and Registration of Rabies Inoculation: 02/20/2023 29018-23

By registration of my pet, I acknowledge 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 also confirm that as of this date, my pet is current on all inoculations.

Pet Owner Signature: [Signature] Date: 01/03/2024

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: [Signature] Date: 01/03/2024  
Address: 1552 Mount Eagle Pl, Alexandria, VA 22302 (H)  
(W) \_\_\_\_\_ (C) 304-641-0393

For Management Office Use Only:

Received:

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



PARKFAIRFAX CONDOMINIUM ASSOCIATION  
PET REGISTRATION

DOG  CAT ( ) BIRD ( ) OTHER ( ) \_\_\_\_\_

MALE ( ) FEMALE  BREED Lab \_\_\_\_\_ DECLAWED Y  N

General Description: (Please begin with predominant color followed by other colors/special markings and any abnormalities or deformities.)

Black fur with white on chest

Pet Owners Name: Kyleigh Church Home Phone: 304-641-0393

Address: 1552 Mount Eagle Pl Work Phone: \_\_\_\_\_

Name Pet answers to: Harper

**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.**

Current City of Alexandria Registration Number: 0141478

Date and Registration of Rabies Inoculation: 05/25/2022 25442-22

By registration of my pet, I acknowledge 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 also confirm that as of this date, my pet is current on all inoculations.

Pet Owner Signature: [Signature] Date: 01/03/2024

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: [Signature] Date: 01/03/2024

Address: 1552 Mount Eagle Pl, Alexandria, VA 22302 (H)  
(W) \_\_\_\_\_ (C) 304-641-0393

For Management Office Use Only:

Received:

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

GENERAL MANAGER: \_\_\_\_\_ Date \_\_\_\_\_

===== OFFICE USE ONLY  
\_\_\_\_\_ PENDING PET COMPLAINTS \_\_\_\_\_ PREVIOUS PET COMPLAINTS

Revised 8/21/19