

VILLAS OF WINDMILL POINT II POA., INC.

273 SW STERRETT CIRCLE, PORT ST. LUCIE, FLORIDA 34953-3325

WEBSITE: VWP2.COM

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**PHONE: (888) - POA-VWP2
(TOLL-FREE) - (888 - 762-8972)**

**FAX: (888) - FXX-VWP2
(888 - 399-8972)**



PET APPLICATION REQUEST (FORM #1-PE)

FOR THE VILLA UNIT ADDRESS OF: _____

Applicant Name: _____ I hereby request POA approval
for an inside pet that does or will weigh _____ pounds at maturity and is a(check one)
_____ Dog _____ Cat _____ Other (Describe) _____

The Specific Breed is a : _____, and the pet responds to the
following name: _____, which _____ was or _____ was not named by me.

The pet's last veterinary visit and/or shots update was on this date: _____, at the
location of : _____

The pet _____ IS, or _____ IS NOT yet licensed in PSL, but IS licensed in _____
_____ under license # _____

I hereby deposit the Non Refundable Pet Fee of \$ 250.00 by _____, on _____
(Method of Payment) (Date)

BY: _____ **SIGNED:** _____
(Print Name) (Signature)

POA APPROVAL / DENIAL

The undersigned Officer / Director hereby acknowledges receipt of this application, and payment of the required fee(s).
Upon examination of the above pet's description and weight and licensing, this application is _____ APPROVED / or
_____ DENIED. (If denied state reason here: _____)

DATE RECEIVED: _____ DATE PET INSPECTED: _____ DATE OF DECISION: _____

POA REGISTRATION NUMBER: _____ BY: _____