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c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Virginia Beach, VA 23454  
(757) 486-6000 Office (757) 486-6988 Fax  
or visit us at [www.theselectgroup.us](http://www.theselectgroup.us)

## **Pet Registration Form**

Owner / Residents Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

I Own \_\_\_\_\_ Cat(s) it (they) are \_\_\_\_\_ indoor \_\_\_\_\_ outdoor (CHECK ONE)

Cat(s) Name(s): \_\_\_\_\_

Description (Size, Color, Breed, Distinguishing Marks/Characteristics): \_\_\_\_\_

\_\_\_\_\_

Date(s) of Rabies Vaccination(s): \_\_\_\_\_

Tag Number(s) & Date(s) of Issuance: \_\_\_\_\_

I Own \_\_\_\_\_ Dog(s) it (they) are \_\_\_\_\_ indoor \_\_\_\_\_ outdoor (CHECK ONE)

Dog(s) Name(s): \_\_\_\_\_

Description (Size, Color, Breed, Distinguishing Marks/Characteristics): \_\_\_\_\_

\_\_\_\_\_

Date(s) of Rabies Vaccination(s): \_\_\_\_\_

Tag Number(s) & Date(s) of Issuance: \_\_\_\_\_

**I HAVE READ THE PET RULES AND REGULATIONS OF THE ASSOCIATION AND AGREE TO COMPLY WITH THE RULES AS THEY PERTAIN TO PET OWNERSHIP.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE