



HOMEOWNERS ASSOCIATION, INC.

(757) 486-6000 Office (757) 486-6988 Fax or visit us at www.theselectgroup.us

Pet Registration Form

Owner(s)/Resident(s) Name: _____

Unit Address: _____

Phone: (h) _____ (w) _____ (c) _____

I Own ____ Cat(s). They are indoor ____/outdoor ____ Cat(s).

Cat(s) Name(s): _____

Description (size, color, breed, distinguishing markings/characteristics)

Date(s) of rabies vaccination(s): _____

Tag(s) number(s) and date of issuance: _____

In the City/County of _____

I Own ____ Dog(s). They are indoor ____/outdoor ____ Dog(s).

Dog(s) Name(s): _____

Description (size, color, breed, distinguishing markings/characteristics)

Date(s) of rabies vaccination(s): _____

Tag(s) number(s) and date of issuance: _____

In the City/County of _____

I have read the rules and regulations of the association and I, as well as all members of the household, promise to comply with the rules as they pertain to pet ownership.

Signature

Date