



Pet Registration Form

Only 2 domestic pets allowed. Cannot weigh more than 25 pounds at maturity
If you do not own a pet, mark "NO PET" sign, date & submit to The Select Group, Inc.

_____ **NO PET**

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