

1008 Westover Condominium Association

Pet Registration Form

If you do not own a pet, please mark "NO PET", sign, date, and submit to The Select Group, Inc.

☐ NO PET

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

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
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www.theselectgroup.us