

# Atlantic Place Condominium Association, Inc.

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454(757) 486-6000 fax: (757) 486-6988  
email: select@theselectgroup.us

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## Pet Registration Form

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

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

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

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

Name(s) \_\_\_\_\_

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

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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): \_\_\_\_\_

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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