



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

Pet Registration Form
(NO MORE THAN TWO PETS)

Name: _____

Unit Address: _____

Alternate Address (if applicable): _____

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

I Own: ____ 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 _____

I Own: ____ 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: _____

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

Signature

Date