

# **CYPRESS RESERVE CONDOMINIUM ASSOCIATION, INC.**

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## **Pet Registration Form**

**\*\*One (1) domestic dog or cat weighing less than 30 lbs. at maturity per household\*\***

Owner(s)/Resident(s) Name: \_\_\_\_\_

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

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

**I Own \_\_\_\_ Cat. Indoor \_\_\_\_/Outdoor \_\_\_\_ Cat.**

Cat Name \_\_\_\_\_

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

\_\_\_\_\_

Date of rabies vaccination \_\_\_\_\_

Tag number and date of issuance

In the City/County of \_\_\_\_\_

**I Own \_\_\_\_ Dog. Indoor \_\_\_\_/Outdoor \_\_\_\_ Dog.**

Dog Name \_\_\_\_\_

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

\_\_\_\_\_

Date of rabies vaccination

\_\_\_\_\_

Tag number and date of issuance \_\_\_\_\_

In the City/County of \_\_\_\_\_

**I, as well as all members of my household 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.**

**Return completed form to the address or fax number provided below, or by email to the management team listed on our website.**

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454

Phone: (757) 486-6000 Fax: (757) 486-6988 Email: [select@theselectgroup.us](mailto:select@theselectgroup.us)

Website: [www.theselectgroup.us](http://www.theselectgroup.us)