



**THE COMMONS**  
**CONDOMINIUM ASSOCIATION, Inc.**  
c/o The Select Group, Inc 2224 Virginia Beach Blvd. Suite 201 Virginia Beach, VA 23454  
(757) 486-6000 Fax: (757) 486-6988 website: [www.theselectgroup.us](http://www.theselectgroup.us)

### **Pet Registration Form**

**\*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)

Cat(s) Name(s): \_\_\_\_\_

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

\_\_\_\_\_

Height of Dog (at shoulders): \_\_\_\_\_

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 the household, promise to comply with the rules as they pertain to pet ownership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return completed form to The Select Group via mail or fax as provided above.**