

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: I Own ____ Cat(s). They are indoor ____ /outdoor ____ 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: In the City/County of: I Own _____ Dog(s). They are indoor _____/outdoor _____ Dog(s). Dog(s) Name(s): Description (size, color, breed, distinguishing markings/characteristics): Height of Dog (at shoulders):_____ Date(s) of rabies vaccination(s): Tag(s) number(s) and date of issuance: In the City/County of:____ 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.

Date

Signature