

★ <u>Pet Registration Form</u> (ONLY ONE PET PER UNIT)

| Owner / Residents Name: | | | | |
|---|--------------------|------------------|------|--|
| Unit Address: | | | | |
| Phone: (h) | (w) | | _(c) | |
| I OwnCat | | | | |
| Cats Name: | | | | |
| Description (Size, Color, Breed, Distin | | | | |
| | | | | |
| Date of Rabies Vaccination: | | | | |
| Tag Number & Date of Issuance: | | | | |
| | | | | |
| I OwnDog | | | | |
| Dogs Name: | | | | |
| Description (Size, Color, Breed, Distin | nguishing Marks/Cł | naracteristics): | | |
| | | | | |
| Date of Rabies Vaccination: | | | | |
| Tag Number & Date 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

c/o The Select Group, Inc. 2224 Virginia Beach Blvd. Suite 201 Virginia Beach, VA 23454 (757) 486-6000 Fax: (757) 486-6988 E-mail: <u>select@TheSelectGroup.us</u> Website: <u>www.TheSelectGroup.us</u>