

## **Pet Registration Form**

\*IF YOU DO NOT OWN A PET, PLEASE MARK "NO PET", SIGN, DATE, AND SUBMIT TO THE SELECT GROUP, INC\* (1 DOG OR CAT OF 40 LBS OR LESS \*or\* 2 DOGS OR 2 CATS OF 20 LBS EA \*or\* 1 DOG AND 1 CAT OF 20 LBS EA & 1 SMALL BIRD IN ADDITION TO ANY OF THE ABOVE COMBINATIONS

NO PET			
Owner(s)/Resident(s) Na	me:		
Unit Address:			
I Own	Cat(s). They are indoor	/outdoor	Cat(s).
Cat(s) Name(s):			
Description (size, color, b	oreed, distinguishing markings/charact	teristics):	
Date(s) of rabies vaccinate	ion(s):		
Tag(s) number(s) and dat	e of issuance:		
In the City/County of:			
I Own Dog(s). The	y are indoor Do	g(s).	
Dog(s) Name(s):			
Description (size, color, b	oreed, distinguishing markings/charact	teristics):	
Date(s) of rabies vaccinate	ion(s):		
Tag(s) number(s) and dat	e of issuance:		
In the City/County of:			
	regulations of the association and I, as ney pertain to pet ownership.	well as all members of the	he household, promise to
Signature		Date	