

*Wimbledon Chase at River Pointe Condominium Association, Inc.*

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454  
(757) 486-6000 fax: (757) 486-6988 Email: [select@theselectgroup.us](mailto:select@theselectgroup.us) or  
[www.theselectgroup.us](http://www.theselectgroup.us)

** Pet Registration Form **

**\*\*2 pets per unit\*\***

If you do not own a pet, mark "NO PET" sign, date & submit to The Select Group, Inc.

\_\_\_\_ NO PET

Owner / Resident Name: \_\_\_\_\_

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

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

I Own \_\_\_\_\_ Cat(s) Indoor \_\_\_\_\_ /Outdoor \_\_\_\_\_ Cat(s)

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

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

\_\_\_\_\_

Date(s) of Rabies Vaccination: \_\_\_\_\_

Tag Number(s) and Date(s) of Issuance: \_\_\_\_\_

I Own \_\_\_\_\_ Dog(s) Indoor \_\_\_\_\_ /Outdoor \_\_\_\_\_ Dog(s)

Dog(s) Name(s): \_\_\_\_\_

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

\_\_\_\_\_

Date(s) of Rabies Vaccination: \_\_\_\_\_

Tag Number(s) and Date(s) 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