



**Water Oaks Condominium Association**  
c/o The Select Group, Inc.  
2224 Virginia Beach Blvd., Suite 201  
Virginia Beach, VA 23454  
(757) 486-6000 fax: (757) 486-6988  
[select@theselectgroup.us](mailto:select@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). 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) & date issued: \_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date