

The Villages Homeowners 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



Pet Registration Form



Owner/ Resident Name(s): _____

Unit Address: _____

Phone: (h) _____ (w) _____ (c) _____

I OWN _____ CAT(S). IT (THEY) ARE INDOOR _____ /OUTDOOR _____ CAT(S).

Cat(s) Name(s): _____

Description (Size, Color, Breed, Distinguishing Markings/ Characteristics): _____

Date(s) of Rabies Vaccination(s): _____

Tag Number(s) and Date(s) of Issuance: _____

I OWN _____ DOG(S). IT (THEY) ARE INDOOR _____ /OUTDOOR _____ DOG(S).

Dog(s) Name(s): _____

Description (Size, Color, Breed, Distinguishing Markings/Characteristics): _____

Date(s) of Rabies Vaccination(s): _____

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