



Condominium Association, Inc.

PET REGISTRATION FORM

If you do not have a pet, please check this box

☐

Owner(s)/Resident(s) Name _____

Unit Address _____

Home Phone _____ Work Phone _____

I Own ____ Cat(s). They are indoor ____/outdoor ____ Cat(s).

Description (size, color, breed, distinguishing markings/characteristics) _____

I Own ____ Dog(s). They are indoor ____/outdoor ____ Dog(s).

Description (size, color, breed, distinguishing markings/characteristics) _____

Height of Dog (at shoulders): _____

Animal's Name _____

Date(s) of rabies vaccination(s) _____

Tag(s) number(s) and date of issuance: _____

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 _____

PLEASE RETURN TO:

**THE SELECT GROUP, INC.
2224 VIRGINIA BEACH BLVD., SUITE 201
VIRGINIA BEACH, VA 23454
Fax: (757) 486-6988 email: select@theselectgroup.us**

**c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
(757) 486-6000 fax: (757) 486-6988 email: select@theselectgroup.us
or visit us at www.theselectgroup.us**