

## **Pet Registration Form**

\*One domestic pet under the weight limit of 60 pounds at maturity\*

Must adhere to the all the Rules in the Pet section of the Association Rules and Regulations

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

## CHECK HERE IF YOU HAVE NO PET Owner(s)/Resident(s) Name: Unit Address: Phone: (h) \_\_\_\_\_\_ (w) \_\_\_\_\_ (c) I Own Cat. Cats Name: Description (size, color, breed, distinguishing markings/characteristics): Date of rabies vaccination:\_\_\_\_ Tag number and date of issuance: In the City/County of: I Own \_\_\_\_\_ Dog It is indoor \_\_\_\_\_/outdoor \_\_\_\_\_ Dog. Dog Name: Description (size, color, breed, distinguishing markings/characteristics): Date of rabies vaccination: Tag number 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