



BAY BEACH CONDOMINIUM ASSOCIATION

PET REGISTRATION FORM

Owner / Residents Name: _____

Unit Address: _____

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

I Own _____ Cats it (they) are _____ indoor _____ outdoor (CHECK ONE)

Name(s) _____

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

Date(s) of Rabies Vaccination(s) _____

Tag Number(s) & Date(s) of Issuance _____

I Own _____ Dogs it (they) are _____ indoor _____ outdoor (CHECK ONE)

Name(s) _____

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

Date(s) of Rabies Vaccination(s) _____

Tag Number(s) & 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

**Return completed form to The Select Group at the address or fax number below
or email to afleetwood@theselectgroup.us**