

BAY 
QUARTER
CONDOMINIUM ASSOCIATION, INC.

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, CHECK HERE _____, SIGN, DATE RETURN THIS FORM TO THE SELECT GROUP, INC.*****

Owner(s)/Resident(s) Name: _____

Unit Address: _____

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

I Own a _____ Cat _____ Dog Named: _____

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

**Return completed form to The Select Group at the address or fax number provided above
or email to mromero@theselectgroup.us**