



c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, Virginia 23454  
(757) 486-6000 fax: (757) 486-6988 email: [Jill.C.Albright@theselectgroup.us](mailto:Jill.C.Albright@theselectgroup.us) website: [www.theselectgroup.us](http://www.theselectgroup.us)

## PET REGISTRATION FORM

**If you have no pets, check here , sign, date and return form to The Select Group.**

Owner / Residents Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

I Own \_\_\_\_\_ Cat(s) it (they) are \_\_\_\_\_ indoor \_\_\_\_\_ outdoor (CHECK ONE) cat(s)

Cat(s) Name(s): \_\_\_\_\_

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

Date(s) of Rabies Vaccination(s): \_\_\_\_\_

Tag Number(s) & Date(s) of Issuance: \_\_\_\_\_

I Own \_\_\_\_\_ Dog(s) it (they) are \_\_\_\_\_ indoor \_\_\_\_\_ outdoor (CHECK ONE) dog(s)

Dog(s) 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 address or fax number above  
or email to: [mromero@theselectgroup.us](mailto:mromero@theselectgroup.us)**