Bayvista
a condominium

PET REGISTRATION FORM

IF YOU DO NOT OWN A PET, CHECK HERE: _____ THEN SIGN, DATE & SUBMIT TO THE SELECT GROUP

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

Unit Address: _____

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

I Own: ____ Dog named_____ Cat named_____

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

_____

_____

Date(s) of rabies vaccination(s): _____

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

In the City/County of: _____

PLEASE NOTE: ONLY ONE DOG OR CAT WEIGHING LESS THAN 40 POUNDS AT MATURITY IS PERMITTED

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 below or email to ltucker@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: rjopp@theselectgroup.us website: www.theselectgroup.us