

## > PET REGISTRATION FORM ✓

*IF YOU DO NOT OWN A PET, C	HECK 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, co	olor, breed, disting	uishing markings/characteristics):
Date(s) of rabies vaccination(s)	:	
Tag(s) number(s) and date of is	suance:	
In the City/County of:		
		OG OR CAT WEIGHING LESS THAN T MATURITY IS PERMITTED
	_	ns of the association and I, as well as all e to comply with the rules as they pertain
Signature		 Date

Return completed form to The Select Group at the address or fax number provided below or email to <a href="mailto:abell@theselectgroup.us">abell@theselectgroup.us</a>

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454 (757) 486-6000 fax: (757) 486-6988 email: <a href="mailto:rjopp@theselectgroup.us">rjopp@theselectgroup.us</a> website: <a href="mailto:www.theselectgroup.us">www.theselectgroup.us</a>