



 **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 [nruffin@theselectgroup.us](mailto:nruffin@theselectgroup.us)**