



# Coopers Creek Manor Owners Association

## PET REGISTRATION FORM

If you do not own a pet, 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) 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) 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 Select Group at the address or fax number below or email to [mromero@theselectgroup.us](mailto:mromero@theselectgroup.us)**

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