



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

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