



Condominium Association

PET REGISTRATION FORM (ONLY ONE PET PER UNIT)

Owner / Residents Name: _____

Unit Address: _____

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

I own a **CAT** Named _____

Description (Size, Color, Breed, Distinguishing Marks/Characteristics): _____

Date of Rabies Vaccination: _____

Tag Number & Date of Issuance: _____

I own a **DOG** Named _____

Description (Size, Color, Breed, Distinguishing Marks/Characteristics): _____

Date of Rabies Vaccination: _____

Tag Number & Date 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

**Please return completed form to the address or fax number below or
email to mromero@theselectgroup.us**