



**THE COMMONS  
CONDOMINIUM ASSOCIATION, Inc.**

c/o The Select Group, Inc. 2224 Virginia Beach Blvd. Suite 201 Virginia Beach, VA 23454  
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**PET REGISTRATION FORM**

Owner(s)/Resident(s) Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

I Own \_\_\_\_ Cat(s)

Cat(s) Name(s): \_\_\_\_\_

Description (size, color, breed, distinguishing marks/characteristics): \_\_\_\_\_

\_\_\_\_\_

Date(s) of rabies vaccination(s): \_\_\_\_\_

Tag(s) number(s) and date of issuance: \_\_\_\_\_

I Own \_\_\_\_ Dog(s)

Dog(s) Name(s): \_\_\_\_\_

Description (size, color, breed, distinguishing marks/characteristics): \_\_\_\_\_

\_\_\_\_\_

Height of Dog (at shoulders): \_\_\_\_\_

Date(s) of rabies vaccination(s) \_\_\_\_\_

Tag(s) number(s) and date of issuance: \_\_\_\_\_

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