

THE PARK AT
CENTERVILLE
COMMONS

 **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: _____

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 reaster@theselectgroup.us**