

# CYPRESS RESERVE CONDOMINIUM ASSOCIATION, INC.

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

**\*\*One (1) domestic dog or cat weighing less than 30 lbs. at maturity per household\*\***

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

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

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

**I Own \_\_\_ Cat. Indoor \_\_\_/Outdoor \_\_\_ Cat.**

Cat Name \_\_\_\_\_

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

Date of rabies vaccination \_\_\_\_\_

Tag number and date of issuance \_\_\_\_\_

In the City/County of \_\_\_\_\_

**I Own \_\_\_ Dog. Indoor \_\_\_/Outdoor \_\_\_ Dog.**

Dog Name \_\_\_\_\_

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

Date of rabies vaccination \_\_\_\_\_

Tag number and date of issuance \_\_\_\_\_

In the City/County of \_\_\_\_\_

**I, as well as all members of my household 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

Please return completed form to The Select Group at the address or fax number provided above or email to [afleetwood@theselectgroup.us](mailto:afleetwood@theselectgroup.us)