



HOMEOWNERS ASSOCIATION, INC.

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201
Virginia Beach, VA 23454 (757) 486-6000 fax: (757) 486-6988
email: srobinson@theselectgroup.us website: www.theselectgroup.us

PET REGISTRATION FORM

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

Please return completed form to The Select Group at the address or fax number provided above or email to afleetwood@theselectgroup.us