

Gunn Hall Condominium Association



PET REGISTRATION FORM



(2 pets per unit less than 40 lbs. at maturity)

If you do not have a pet, please check here ☐, sign, date and return form to The Select Group.

Owner / Residents Name: _____

Unit Address: _____

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

I own (number) _____ indoor _____ outdoor Cat(s) Named: _____

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

Date(s) of Rabies Vaccination(s): _____

Tag Number(s) & Date(s) of Issuance: _____

I own (number) _____ indoor _____ outdoor Dog(s) Named: _____

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 address or fax number provided below or
email to abell@theselectgroup.us**