

Hunt's Pointe On The Elizabeth Homeowners Association, Inc.

PET REGISTRATION FORM

Owner / Residents Name: _____

Unit Address: _____

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

I Own _____ Cat(s) are they _____ indoor _____ outdoor (CHECK ONE)

Cat(s) Name(s): _____

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

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

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

I Own _____ Dog(s) are they _____ indoor _____ outdoor (CHECK ONE)

Dog(s) Name(s): _____

Description (Weight, 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

**Return completed form to The Select Group at the address or fax number provided below
or email to jstrickland@theselectgroup.us**