



HARBOR VIEW CONDOMINIUM ASSOCIATION, INC.



PET REGISTRATION FORM



****No more than 2 pets****

Owner/Residents Name: _____

Unit Address: _____

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

I Own (Number) _____ Cats Named: _____

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

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

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

I Own (Number) _____ Dogs Named: _____

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

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

Tag Number(s) and 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 below or
email to reaster@theselectgroup.us**