



**PET REGISTRATION FORM**  
(No more than 2 domestic pets)

**If you do not have a pet, check here \_\_\_\_, sign, date and return to The Select Group.**

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

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

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

I Own (#) \_\_\_\_ indoor \_\_\_\_ / outdoor \_\_\_\_ Cat(s) Named: \_\_\_\_\_

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

\_\_\_\_\_

Date(s) of rabies vaccination(s): \_\_\_\_\_

Tag(s) number(s) and date of issuance: \_\_\_\_\_

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

I Own (#) \_\_\_\_ indoor \_\_\_\_ / outdoor \_\_\_\_ Dog(s) Named: \_\_\_\_\_

Dog(s) Name(s): \_\_\_\_\_

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

\_\_\_\_\_

Date(s) of rabies vaccination(s): \_\_\_\_\_

Tag(s) number(s) and date of issuance: \_\_\_\_\_

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

I 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 below or email to [cdoneff@theselectgroup.us](mailto:cdoneff@theselectgroup.us)**

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