



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

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 website: www.theselectgroup.us