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**PET REGISTRATION FORM**

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

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

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

I Own (number) \_\_\_\_ 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 (number) \_\_\_\_ indoor \_\_\_\_ / outdoor \_\_\_\_ Dog(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 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 below  
or email to [reaster@theselectgroup.us](mailto:reaster@theselectgroup.us)**