



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

PET REGISTRATION FORM

(NO MORE THAN TWO PETS)

Name: _____

Unit Address: _____

Alternate Address (if applicable): _____

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

I Own: ____ Cat(s) Named: _____

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

Date(s) of rabies vaccination(s) _____

Tag(s) number(s) and date of issuance _____

I Own: ____ Dog(s) Named: _____

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

Date(s) of rabies vaccination(s): _____

Tag(s) number(s) and date of issuance: _____

I have read the rules and regulations of the association and I as well as all members of my 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 above
or email to mchu@theselectgroup.us