



---

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