



*Lynnhaven Shores  
Condominium Association*

**PET REGISTRATION FORM**

**(NO MORE THAN ONE DOG NOT TO EXCEED 40 LBS AT MATURITY)**

If you do not have a pet please check here \_\_\_\_, sign, date, & return to The Select Group

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

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

I Own \_\_\_\_ Cat(s). They are indoor \_\_\_\_/outdoor \_\_\_\_ Cat(s).

Animal's Name \_\_\_\_\_

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

\_\_\_\_\_

I Own \_\_\_\_ Dog(s). They are indoor \_\_\_\_/outdoor \_\_\_\_ Dog(s).

Animal's Name \_\_\_\_\_

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 [afleetwood@theselectgroup.us](mailto:afleetwood@theselectgroup.us)**