

---

---

# **MILL CREEK CONDOMINIUM ASSOCIATION, INC.**

---

---

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

## **PET REGISTRATION FORM**

**There is a 30 lb. weight limit for dogs w/a limit of 2 dogs per unit.**

Owner / Residents Name: \_\_\_\_\_

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

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

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

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

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 PET RULES AND REGULATIONS OF THE ASSOCIATION AND  
AGREE TO COMPLY WITH THE RULES AS THEY PERTAIN TO PET OWNERSHIP.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Return completed form to the address or fax number provided above or  
email to: [ygoodwin@theselectgroup.us](mailto:ygoodwin@theselectgroup.us)**