



HOMEOWNERS ASSOCIATION, INC.

PET REGISTRATION FORM

**** Dog & Cats Only – 4 Maximum****

Owner(s)/Resident(s) Name: _____

Unit Address: _____

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

I own (#) _____ (circle one): 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 (#) _____ (circle one): 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 it to abell@theselectgroup.us