



**PET REGISTRATION FORM**

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

**Please return completed form to The Select Group at the address or fax number below  
or email it to [jstrickland@theselectgroup.us](mailto:jstrickland@theselectgroup.us)**