North Lynnhaven Condominium Association, Inc.

Pet Registration Form

(ONE PET NO MORE THAN 30 POUNDS)

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

Unit Address:_____

I Own a _____ Dog _____ Cat 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**

Return completed form to the address, fax number or email address provided below.

c/o The Select Group, Inc. • 2224 Virginia Beach Boulevard, Suite 201 • Virginia Beach, Virginia 23454
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