



Oak Lake Estates

PET REGISTRATION FORM

If you do not have a pet check here____, sign, date and return to The Select Group.

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

Unit Address: _____

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

I Own(#): ____ of (check 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(#): ____ of (check 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 mmichaud@theselectgroup.us**

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
(757) 486-6000 fax: (757) 486-6988 email: mmichaud@theselectgroup.us website: www.theselectgroup.us