

Page Shores Condominium Association, Inc.



PET REGISTRATION FORM



If you do not own a pet, check here _____, sign, date & submit to the select group inc.

Owner/ Resident Name: _____

Unit Address: _____

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

I own _____ cats

Cat(s) Name(s) _____

Description (Size, Color, Breed, Distinguishing Markings/Characteristics) _____

Date(s) of Rabies Vaccination(s) _____

Tag Number(s) and Date(s) of Issuance _____

I own _____ dogs

Dog(s) Name(s) _____

Description (Size, Color, Breed, Distinguishing Markings/Characteristics) _____

Date(s) of Rabies Vaccination(s) _____

Tag Number(s) and Date(s) of Issuance _____

**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 below or email to
mromero@theselectgroup.us**