

# Page Shores Condominium Association, Inc.

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 **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](mailto:mromero@theselectgroup.us)**