



PET REGISTRATION FORM

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

Unit Address: _____

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 _____

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 Select Group at the address or fax number below or email to afleetwood@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: agunter@theselectgroup.us website: www.theselectgroup.us