



**THE ROTUNDA BUILDING**  
**CONDOMINIUM ASSOCIATION, INC.**

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**PET REGISTRATION FORM**

**ONLY 2 HOUSEHOLD PETS ARE PERMITTED**

**\*\* If you do NOT own 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 \_\_\_\_ Cat(s). They are indoor \_\_\_\_/outdoor \_\_\_\_ Cat(s).

Cat Name(s): \_\_\_\_\_

Description (size, color, breed, distinguishing markings/characteristics): \_\_\_\_\_

\_\_\_\_\_

Date(s) of rabies vaccination(s): \_\_\_\_\_

Tag(s) number(s) and date of issuance: \_\_\_\_\_

I Own \_\_\_\_ Dog(s). They are indoor \_\_\_\_/outdoor \_\_\_\_ Dog(s).

Dog Name(s): \_\_\_\_\_

Description (size, color, breed, distinguishing markings/characteristics): \_\_\_\_\_

\_\_\_\_\_

Date(s) of rabies vaccination(s): \_\_\_\_\_

Tag(s) number(s) and date of issuance: \_\_\_\_\_

**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 provided below  
or email to [asmith@theselectgroup.us](mailto:asmith@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: [jlusk@theselectgroup.us](mailto:jlusk@theselectgroup.us) or website: [www.theselectgroup.us](http://www.theselectgroup.us)