



RIVER SHORE  
CONDOMINIUMS

## PET REGISTRATION FORM

**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 (#): \_\_\_\_ (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 (#): \_\_\_\_ (check one): indoor \_\_/outdoor \_\_ Dog(s) Named \_\_\_\_\_**

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

Height of Dog (at shoulders): \_\_\_\_\_

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 the completed form to The Select Group at the address or fax number below or email to [reaster@theselectgroup.us](mailto:reaster@theselectgroup.us)**

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