

# Runnington Place Condominium Association, Inc.

c/o The Select Group, Inc., 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)

## 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 \_\_\_\_\_ 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

Please return completed form to The Select Group at the address or fax number above  
or email it to [mchu@theselectgroup.us](mailto:mchu@theselectgroup.us)