



## CONDOMINIUM ASSOCIATION

### PET REGISTRATION FORM

**\*If you do not own a pet, check here \_\_\_\_, sign, date and return to The Select Group, Inc.\***

Owner / Residents Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

I Own \_\_\_\_\_ Cat(s) it (they) are \_\_\_\_\_ indoor \_\_\_\_\_ outdoor (CHECK ONE)

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

Description (Size, Color, Breed, Distinguishing Marks/Characteristics): \_\_\_\_\_

Date(s) of Rabies Vaccination(s): \_\_\_\_\_

Tag Number(s) & Date(s) of Issuance: \_\_\_\_\_

I Own \_\_\_\_\_ Dog(s) it (they) are \_\_\_\_\_ indoor \_\_\_\_\_ outdoor (CHECK ONE)

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

Description (Size, Color, Breed, Distinguishing Marks/Characteristics): \_\_\_\_\_

Date(s) of Rabies Vaccination(s): \_\_\_\_\_

Tag Number(s) & 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 Select Group at the address or fax number below or email to [abell@theselectgroup.us](mailto:abell@theselectgroup.us)**