

The Villages Homeowners 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 website: www.theselectgroup.us



PET REGISTRATION FORM



If you do not own a pet, check here ____, sign, date & return to The Select Group, Inc.

Owner/ Resident Name(s): _____

Unit Address: _____

Phone: (h) _____ (w) _____ (c) _____

I OWN _____ CAT(S). IT (THEY) ARE INDOOR _____ /OUTDOOR _____ CAT(S).

Cat(s) Name(s): _____

Description (Size, Color, Breed, Distinguishing Markings/ Characteristics): _____

Date(s) of Rabies Vaccination(s): _____

Tag Number(s) and Date(s) of Issuance: _____

I OWN _____ DOG(S). IT (THEY) ARE INDOOR _____ /OUTDOOR _____ DOG(S).

Dog(s) Name(s): _____

Description (Size, Color, Breed, Distinguishing Markings/Characteristics): _____

Date(s) of Rabies Vaccination(s): _____

Tag Number(s) and 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 provided above
or email to: jstrickland@theselectgroup.us**