

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 email: itorres@theselectgroup.us 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: bbrown@theselectgroup.us