

PET REGISTRATION FORM

If you do not own a pet, check here, sign, date and return to The Select Group.
Dwner(s)/Resident(s) Name
Unit Address
Home Phone Work Phone
Own Cat(s). They are indoor/outdoor Cat(s).
Description (size, color, breed, distinguishing markings/characteristics)
Own Dog(s). They are indoor/outdoor Dog(s).
Description (size, color, breed, distinguishing markings/characteristics)
Height of Dog (at shoulders):
Animal's Name
Date(s) of rabies vaccination(s)
Fag(s) number(s) and date of issuance:
n the City/County of
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 completed form to The Select Group at the address or fax number above or email to <u>jstrickland@theselectgroup.us</u>

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454 (757) 486-6000 fax: (757) 486-6988 website: <u>www.theselectgroup.us</u>