



**Condominium Association, Inc.**

**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 \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I Own \_\_\_\_ Cat(s). They are indoor \_\_\_\_/outdoor \_\_\_\_ Cat(s).

Description (size, color, breed, distinguishing markings/characteristics) \_\_\_\_\_

I 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) \_\_\_\_\_

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

**Return completed form to The Select Group at the address or fax number above or email to [jlusk@theselectgroup.us](mailto:jlusk@theselectgroup.us)**