



# Condominium Association, Inc.

## PET REGISTRATION FORM

- **Only one domestic dog or domestic cat weighing less than 50 pounds will be permitted.**  
(No pet in excess of 50 pounds in body weight may be kept in a Unit.)
- **ALL PET WASTE MUST BE REMOVED IMMEDIATELY!!**
- **All pets must be leashed at all times.**

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

Owner(s)/Resident(s) Name \_\_\_\_\_

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

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Type of Pet:** \_\_\_\_\_ **Pet's name:** \_\_\_\_\_

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

Date(s) of rabies vaccination(s) \_\_\_\_\_

Tag(s) number(s) and date of issuance \_\_\_\_\_

In the City/County of \_\_\_\_\_

**Type of Pet:** \_\_\_\_\_ **Pet's name:** \_\_\_\_\_

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

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 below  
or email to [ltucker@theselectgroup.us](mailto:ltucker@theselectgroup.us)**