



COMMUNITY ASSOCIATION, INC.

 **PET REGISTRATION FORM** 

***IF YOU DO NOT OWN A PET, CHECK HERE _____, SIGN, DATE & RETURN FORM.**

Owner(s)/Resident(s) Name: _____

Address: _____

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

I own _____ 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).

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 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 afleetwood@theselectgroup.us**

c/o The Select Group, Inc., 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
(757) 486-6000 fax: (757) 486-6988 email: rphippins@theselectgroup.us or visit us at www.theselectgroup.us