



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 [mromero@theselectgroup.us](mailto:mromero@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](mailto:rphippins@theselectgroup.us) or visit us at [www.theselectgroup.us](http://www.theselectgroup.us)