
COASTAL VILLAS

BY THE BAY

PET REGISTRATION FORM

***If you do not own a pet, check here ____, sign, date and return to The Select Group.
ONLY OWNERS are allowed to have pets.**

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

Unit Address: _____

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

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

Cat(s) Name(s): _____

Description (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 Own ____ Dog(s). They are indoor ____/outdoor ____ Dog(s).

Dog(s) Name(s): _____

Description (size, color, breed, distinguishing markings/characteristics): _____

Height of Dog (at shoulders): _____

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

**Please return completed form to the address or fax number below or email to:
asmith@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: cweis@theselectgroup.us website: www.theselectgroup.us