



**SUPPORT (SERVICE, THERAPY, EMOTIONAL)**

**REGISTRATION FORM**

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

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

Type of Support Pet: \_\_\_\_\_

Names/Type of Pet: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of Pet (**WEIGHT**, color, breed, distinguishing markings/characteristics):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License Number/Date Issued: \_\_\_\_\_ Date of Rabies Vaccination: \_\_\_\_\_

**(copy of documentation of the license & rabies vaccine is required)**

**I understand that my Support Pet must wear a Support Vest at all times when on the common elements.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed form to The Select Group at the address or fax number provided below or email to [cdoneff@theselectgroup.us](mailto:cdoneff@theselectgroup.us)**