



CONDOMINIUM ASSOCIATION, INC.

**PET REGISTRATION FORM**

**“A one-time pet fee of \$150.00 will be collected at time of move in”**

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

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): \_\_\_\_\_ N/A

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): \_\_\_\_\_

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 via the address or fax number below,  
or email to [reaster@theselectgroup.us](mailto:reaster@theselectgroup.us)**