

CENTRE GREEN CONDOMINIUM ASSOCIATION, INC.

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

PET REGISTRATION FORM

All Resident Names:					
Unit Address:					
Phone:		(h)	_(w)	(c)	
Email Address:					
If you do not own a pet, please mark here then sign, date, and return form? $\ \square$ NO PET					
l owncat(s), Named:					
Description (size, color, breed, distinguishing markings/characteristics):					
	Date of Rabies Vaccinations:				
	Tag(s) Number(s) and Date of Issuance				
	In the City/County of				
I own dog(s), Named:					
Description (size, color, breed, distinguishing markings/characteristics):					
	Date of Rabies Vaccinations:				
	Tag(s) Number(s) and Date of Issuance				
	In the City/Cou	inty 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

Return completed form to The Select Group at the address or fax number above or email to <u>cdoneff@theselectgroup.us</u>