



PET REGISTRATION FORM

***If you do not own a pet, check this box, complete name, address, sign & date and return to The Select Group, Inc.**

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

Unit Address: _____

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

I Own (#) _____ 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 (#) _____ Dogs(s)

Dog(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 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 Select Group at the address or fax number provided above or email to acosby@theselectgroup.us