



PET REGISTRATION

If you do not own a pet, check here ____, sign, date & submit to The Select Group, Inc.

Owner / Residents Name: _____

Unit Address: _____

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

Pet #1 Name:_____ Type of Pet:_____

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

Date of Rabies Vaccination:_____ Tag #, Date Issued, City Issued:_____

Pet #2 Name:_____ Type of Pet:_____

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

Date of Rabies Vaccination:_____ Tag #, Date Issued, City Issued:_____

Pet #3 Name:_____ Type of Pet:_____

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

Date of Rabies Vaccination:_____ Tag #, Date Issued, City Issued:_____

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

***The information on this form is for office use only and will be held in strictest confidence.**

**Return completed form to the address or fax number at the bottom of the first page or
email to abell@theselectgroup.us**