



PET REGISTRATION

Owner Name: _____

Address: _____

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

Email address: _____

If you do not have a pet, check here ☐

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: _____

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 Select Group at the address or fax number below
or email to malcala@theselectgroup.us**