



## 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@theseselectgroup.us](mailto:malcala@theseselectgroup.us)**