



River Breeze Condominium Association, Inc.

PET REGISTRATION

Check this box if you do not have a pet

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