



Water Oaks Condominium Association, Inc.

PET REGISTRATION FORM

If you do not own a pet, check here ____, sign, date and return form to The Select Group.

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

Unit Address: _____

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

I Own ____ Cat(s). They are 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 ____ Dog(s). They are indoor ____/outdoor ____ Dog(s).

Dog(s) Name(s): _____

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

Height of Dog (at shoulders): _____

Date(s) of rabies vaccination(s): _____ Tag(s) number(s) & date issued: _____

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 this completed form to the Association via mail or fax as provided below
or email to: mromero@theselectgroup.us**