



PET REGISTRATION FORM

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

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) and date of issuance: _____

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

**Return completed form to The Select Group at the address or fax number provided below
or email to jstrickland@theselectgroup.us**

c/o The Select Group, 2224 Virginia Beach Blvd., Suite 201, Virginia Beach, VA 23454
(757) 486-6000 fax: (757) 486-6988 email: bgarrett@theselectgroup.us website: www.theselectgroup.us