

Gunn Hall Condominium Association



 PET REGISTRATION FORM 
(2 pets per unit less than 40 lbs. at maturity)

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

Owner / Residents Name: _____

Unit Address: _____

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

I own (number) _____ indoor _____ outdoor Cat(s) Named: _____

Description (Size, Color, Breed, Distinguishing Marks/Characteristics): _____

Date(s) of Rabies Vaccination(s): _____

Tag Number(s) & Date(s) of Issuance: _____

I own (number) _____ indoor _____ outdoor Dog(s) Named: _____

Description (Size, Color, Breed, Distinguishing Marks/Characteristics): _____

Date(s) of Rabies Vaccination(s): _____

Tag Number(s) & Date(s) of Issuance: _____

I have read the pet rules and regulations of the association and agree to comply with the rules as they pertain to pet ownership.

SIGNATURE

DATE

Please return completed form to the address or fax number provided below or
email to adeweese@theselectgroup.us