



at Aberdeen,

A Condominium Association, Inc.



PET REGISTRATION FORM



Domestic animals allowed provided they do not disturb or annoy other occupants.

****If you do not own a pet, please check here____, sign, date & return to The Select Group.**

Owner / Residents Name: _____

Unit Address: _____

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

I Own_____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_____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

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