



**PET REGISTRATION**

**\*If you do not own a pet, check here \_\_\_\_, sign, date & submit to The Select Group, Inc.\***

Owner / Residents Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

**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 address or fax number at the bottom of the first page or email to adewees@theselectgroup.us**