

# Hadley Park

AT GREENBRIER

## PET REGISTRATION FORM

Please check here \_\_\_\_\_ if you do not have a pet.

No pets will be permitted on the premises or in the Units except those approved by the Board of Directors, and subject to the following conditions:

- (a) Only one domestic dog or domestic cat weighing less than 40 pounds will be permitted.
- (b) All pets shall be kept on a leash when taken to and from the building and shall not be allowed to run loose or be curbed on any of the Condominium Property.
- (c) All pets must be sufficiently under control at all times so that they do not become a nuisance to the Unit Owners or occupants of other Units. Pet owners must clean up any fecal waste deposited on the Condominium Property by their pets.
- (d) All pets must be licensed as may be required by law and vaccinated against rabies.
- (e) There shall be no more than one pet maintained in any Unit unless prior written approval is given by the Association; provided, however, that such approval may be withdrawn by the Association upon reasonable notice.
- (f) Approval for any pet may be withdrawn for any reason at any time by the Board of Directors upon ten (10) days' notice to the Unit Owner.
- (g) If any building requires any exterminating, then the units within the building that have pets may be subject to an additional charge.
- (h) No pet shall be kept on any deck, patio or enclosure other than the Unit itself.
- (i) All pets shall be exercised only in area(s) specifically designated by the Association.
- (j) Any Unit Owner (or pet owner) which fails to observe any of these rules relating to pets shall be subject to fine at the discretion of the Board of Directors of the Condominium and/or termination of privileges, including, but not limited to, the privilege to keep their pet on the Condominium Property.

Owner/Resident Name(s): \_\_\_\_\_

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

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

Description (WEIGHT, color, breed, distinguishing markings/characteristics): \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

License Number/Date Issued: \_\_\_\_\_ Date of Rabies Vaccination: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

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 below or email to [reaster@theselectgroup.us](mailto:reaster@theselectgroup.us)**

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