

**SOUTHAMPTON AT SALEM SPRINGS
CONDOMINIUM ASSOCIATION**

PET REGISTRATION FORM

Please return this form to: Southampton at Salem Springs Condominium Association
525 South Independence Blvd, Suite 200
Virginia Beach VA 23452-1159 Fax: 497-9133

Please Check One:

Cat _____ Dog _____ Other _____ Breed: _____

Description: _____

Owner: _____

Address: _____

Home Phone #: _____

Name Animal answers to: _____

Current Virginia Beach Registration #: _____

Dates and Registration # of Rabies Inoculation: _____

By registration of my pet, I acknowledge the pet policies set forth in the Rules and Regulations of the Association relating to the keeping of pets.

Pet Owner's Signature

Date

**PLEASE ATTACH PHOTOGRAPH
OF PET HERE
THANK YOU! 😊**

Board of Director's Decision of Pet: Approve _____ Deny _____
Reasons why _____