

**WEST COVE B CONDOMINIUM ASSOCIATION  
UNIT OWNER/FAMILY/GUEST PET REGISTRATION FORM**

**UNIT NUMBER and Street:** \_\_\_\_\_

Unit Owner Name: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email[s]: \_\_\_\_\_

**PET OWNERSHIP [CHECK ONE]:**      Unit Owner: \_\_\_\_\_      Family \_\_\_\_\_      Guest \_\_\_\_\_

Family/Guest Contact Information while at WCB:

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

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**PET INFORMATION\*:**      Number of Pets: \_\_\_\_\_

Pet #1 Name & Color: \_\_\_\_\_ Pet #2 Name & Color: \_\_\_\_\_

Description/Pet #1 \_\_\_\_\_ Pet #2 \_\_\_\_\_  
[Breed, Size, Sex]

I certify that the pet[s] named is fully licensed and complies with all health requirements including vaccinations and rabies shots in the jurisdiction wherein the pet[s] is licensed. I agree to ensure the license, all health requirements and liability insurance is current as long as same pet is in residence/visiting in the West Cove B Condominium Association, Eastman, Grantham, New Hampshire.

**Signature of UNIT OWNER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Unit Owner shall be responsible for the actions of their family members and/or guest[s] and shall be responsible for their compliance with all West Cove B Governing Documents, Rules and Policies.

\*A copy of a current license must accompany this form: Send form and license copy to:

**West Cove B Condo Association, PO Box 297, Grantham, NH 03753** or email to: [office@belleterreus.com](mailto:office@belleterreus.com)

**REMEMBER: IT IS MANDATORY THAT ALL DOGS MUST BE ON A LEASH WHILE RESIDING OR VISITING IN WEST COVE B. PET OWNERS ARE RESPONSIBLE FOR IMMEDIATELY PICKING UP AFTER THEIR PET.**