

**WEST COVE D CONDOMINIUM ASSOCIATION
UNIT OWNER/TENANT PET REGISTRATION FORM**

UNIT NUMBER and Street: _____

Unit Owner Name: _____

Owner Mailing Address: _____

Telephone: _____ Email[s]: _____

PET OWNERSHIP [CHECK ONE]: Unit Owner: _____ Long Term Tenant _____ Short Term Tenant/Guest _____

Tenant/Guest Name: _____

Tenant Liability Insurance Policy: Yes/No: _____ Effective Date: _____

Veterinarian Name/Telephone: _____

Tenant/Guest Contact Information while at WCD:

Telephone: _____ Email: _____

Telephone: _____ Email: _____

PET INFORMATION*: Number of Pets: _____

Type of Pet[s] – Cat, Dog, Other: #1 _____ #2 _____

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 keep the license, all health requirements and liability insurance current as long as same pet is in residence in the West Cove D Condominium Association, Eastman, Grantham, New Hampshire.

I agree to comply with any applicable provisions in the WCD Declaration/Bylaws, Rules and Policies and the Pet Policy. I certify that I have received copies of the aforementioned documentation.

Signature of TENANT: _____ **Date:** _____

Signature of UNIT OWNER: _____ **Date:** _____

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

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

WCD Condo Association, PO Box 297, Grantham, NH 03753 or email to: office@belleterreus.com