



UNIT OWNER/TENANT PET REGISTRATION FORM

Condominium Association: _____

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 the Condominium Association:

Telephone: _____

Email[s]: _____





PET INFORMATION:

Number of Pets: _____

Type of Pet[s] – Cat, Dog, Other:

Pet #1 _____

Pet #2 _____

Pet #1 Name & Color: _____

Pet #2 Name & Color: _____

Description [Breed, Size, Sex]

Pet #1 _____

Pet #2 _____

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 the same pet is in residence in Eastman, Grantham, New Hampshire.

I agree to comply with any applicable provisions in the Condominium Association 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 the Condominium Association Governing Documents, Rules, and Policies.

*A copy of a current license must accompany this form: Email the form and license copy to:
eastmancoa@rivervalleypm.com or mail to RVPM PO Box 66, Windsor VT 05089

