

PET APPROVAL FORM

Name:			
Address:			
Slip Number:			
Home Number:			
Mobile Number:			
Email:			
Emergency Contact:			
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ALL PETS MUST BE IN GOOD HE	ALTH & HAVE VACINATION CERTIF	ICATES	
Pet's name:	Species	(dog, cat, etc.):	
	Predominan		
Pet description (colour, weight a	nd size):		
The above Pet has been inoculat	ed against rabies on:		
I,	, certif	y that I will comply with all Ha	rbour West Marina rules and
regulations and will notify the magree to keep my pet(s) on a least mentioned above are my respon permission for any pet at any time	arina manager of any change in the sh at all times on the marina prope sibility. I will clean up after my pet the on Harbour West Marina Proper or result in the cancellation of transi	e information provided on this rty. I acknowledge that while of s). The Marina can, without no ty. For visiting boaters, please	form. By signing this form I on board my boat, the pet(s) otice or cause, rescind
arrival. Failure to flothly staff flia	result in the cancellation of transi	ene reservations.	
Owners Signature:		Date:	
Harbour West Marina Approval:		Date:	