



PET OWNER - DECLARATION FORM

NAME OF VESSEL	DEPARTURE DATE	PORT OF DEPARTURE	PORT OF ARRIVAL	TICKET NUMBER OF THE PET OWNER

PET OWNER'S NAME/SURNAME	PET OWNER'S PHONE NUMBER	PET HEALTH BOOKLET / PASSPORT NUMBER	PET IDENTIFICATION NUMBER (CHIP)	TYPE OF ACCOMMODATION (PET KENNEL, PET CABIN, PERSONAL ANIMAL CARRIER)

DESCRIPTION	LARGE PET (OVER 10 KILOS)	SMALL PET (UNDER 10 KILOS)
PET WEIGHT		
HAS THE PET BEEN FULLY VACCINATED ACCORDING TO THE RELEVANT PROVISIONS/REQUIREMENTS (FILL IN YES/NO)		
PET CATEGORY (circle the appropriate) COMPANION PET / THERAPY PET / ASSISTANCE PET / SERVICE PET		
REMARKS		

I DELCARE RESPONSIBLY THAT I AM SIGNING AN OFFICIAL DOCUMENT AND THE ABOVE INFORMATION IS TRUE

DATE

THE DECLARANT

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SIGNATURE