



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF PARKS AND RECREATION

PET OWNER CERTIFICATION FORM

I, _____, the undersigned owner of _____,
(Print: Name of Owner) (Pet's Name)

hereby certify and affirm that the above referenced pet is properly and currently registered,
licensed and rabies vaccinated according to the laws and regulations of my State of residency.

Type: Cat Dog Breed: _____

Gender: Male Female Color: _____

Campsite: _____ Date: _____ Length of Stay: _____

(Signature of Owner)

(Date)