

REQUEST FOR AUTHORIZATION FOR PET OWNERSHIP - Oshkosh / Winnebago County Family Units -

Resident Name: _____ Date: _____

Resident Address: _____ Resident Phone #: _____

Please submit color picture of pet with this form.

DOG **\$200.00 Non-refundable fee**

Breed/Kind: _____ **City License:** _____

Color/Marking: _____ **Pet Name:** _____

Weight: _____ *Vet verification of weight required. *If dog is a puppy you must submit verification from humane society or vet that puppy will not exceed the weight limit when full grown.

Distemper vaccination date: _____ **Next Vaccination date:** _____

Rabies vaccination: _____ **Next Rabies Vac date:** _____

Spay/Neutering certificate: _____ **Do you have kennel/pet carrier:** _____

Completed Pet Sponsor Form: _____

CAT **\$200.00 Non-refundable fee** (Scattered site family units & CCHC)

Breed/Kind: _____ **City License:** _____

Color/Marking: _____ **Pet Name:** _____

Distemper vaccination date: _____ **Next Vaccination date:** _____

Rabies vaccination: _____ **Next Rabies Vac date:** _____

Spay/Neutering certificate: _____ **Do you have kennel/pet carrier:** _____

Completed Pet Sponsor Form: _____ **Front Declawed:** _____ (see policy)

SMALL MAMMAL **\$50.00 Non-refundable fee** (Scattered site family units & CCHC)

Animal Type: _____ **Cage:** _____

Please complete and sign the below fields. All household adults must sign this form.

I (WE), the undersigned resident(s), having read the attached Housing Authority Pet Policy and the Resident Handbook and the dwelling lease, will abide by the rules set forth therein and hereby certify that all information provided concerning my pet(s) is true and correct.

Head of Household Name (Print) _____ Date: _____

Head of Household Signature: _____

Other Adult Name (Print) _____ Date: _____

Other Adult Signature: _____

Other Adult Name (Print) _____ Date: _____

Other Adult Signature: _____

For Office Use Only

___ Signed Pet Policy Approved: _____

___ Request for Pet: Date _____ Denied: _____

___ Request Form Completed Reason for denial: _____

___ Pet Deposit: \$ _____

___ Picture _____

___ Rabies Vac

___ Distemper Vac Determination Notice Send Date: _____

___ City License HA Signature: _____

___ Spay / Neuter Date: _____

___ Declawed _____

___ Cage / Kennel _____

___ Other: _____

PET SPONSOR FORM

Please complete all fields below. Please print legibly.

TENANT NAME: _____

TENENT ADDRESS: _____

ANIMAL TYPE: Dog / Cat / Other: _____

SPONSOR NAME: _____
Non-Household Individual

SPONSOR PHONE NUMBER: _(_____)_____

SPONSOR ADDITIONAL PHONE NUMBER: _(_____)_____

SPONSOR ADDRESS: _____

SPONSOR RELATIONSHIP TO TENANT: _____

Per Oshkosh / Winnebago Housing Authority Pet Policy: In event of illness or death of pet owner, or in the case of emergency which would prevent the pet owner from properly caring for the pet, the Housing Authority has permission to call the pet sponsor designated by the resident or the Humane Society to take the pet and care for it until family or friends would claim the pet and assume responsibility for it. Any expenses incurred will be the responsibility of the pet owner.

Tenant Signature

Date