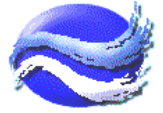




REQUEST FOR AUTHORIZATION FOR PET OWNERSHIP – Family Units



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: _____