## OSHKOSH / WINNEBAGO COUNTY HOUSING AUTHORITY

600 Merritt Avenue, PO Box 397, Oshkosh, WI 54903 -- Oshkosh: (920) 424-1450 • Fax: (920) 424-1474 www.ohawcha.org

## **PET / ANIMAL SPONSOR FORM**

This form is required as part of any request to keep a pet or service animal at a scattered site unit. Please complete all fields, and review the requirements with the pet sponsor. Please sign and date your name below, and also have the pet / animal sponsor sign and date below.

1. Resident Address:	City:
2. Resident Name (HOH):	
3. Resident Phone Number:()	
<b>4. Animal Type</b> (Circle): Dog / Cat /	Other:
5. Name of Veterinarian:	
6. Veterinarian address:	Phone:
7. Animal Insurance Information (not mandatory):	
8. Special Animal Instructions / Care Needs:	(use back of document)

Per Oshkosh/Winnebago County 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. Animals must be removed from the unit if resident is absent for more than 24 hours. Sponsor will remove pet within 24 hours of notification. If sponsor fails to remove animal, the police department will be contacted to remove animal in conjunction with local animal care shelter. Sponsors agree to assist / assume responsibility for any medical / financial animal obligations when tenant needs assistance. Pets or animals are not permitted at the HA unit without a sponsor.

## SPONSOR FULL NAME: \_\_\_\_\_

**Non-Household Individual** 

SPONSOR PHONE NUMBER: (	)
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SPONSOR ADDRESS:

## SPONSOR RELATIONSHIP TO TENANT: \_\_\_\_\_

By signing this form, we agree to the requirements detailed in this form, and agree to fulfill our responsibilities related to animal, removal, and costs.

Resident Signature

Date

Date