
Application for Pet (Dog/Cat) Ownership

TENANT NAME: _____ UNIT: _____

Please check the type of pet described herein: ☐ Dog ☐ Cat

TO BE COMPLETED BY THE VETERINARIAN OR ADOPTION AGENCY QUALIFIED PERSONNEL

NAME OF VETERINARIAN CLINIC/ADOPTION AGENCY: _____

ADDRESS: _____

PHONE: _____

ANIMAL INFORMATION

NAME OF ANIMAL: _____ BREED: _____

COLOR: _____ AGE: _____ ADDITIONAL MARKINGS: _____

If it is a mix breed please give a detailed description of the breeds included in animal's pedigree:

CURRENT HEIGHT: _____ CURRENT WEIGHT: _____

If animal has not reached full maturity:

PROJECTED HEIGHT: _____ PROJECTED WEIGHT: _____

DESCRIPTION OF ANY KNOWN DEFORMITIES:

LICENSE NO. (if applicable): _____ IS ANIMAL HOUSEBROKEN? _____

HAS ANIMAL RECEIVED ALL INNOCULATIONS? _____

DATE OF LAST RABIES SHOT: _____ DATE OF LAST DISTEMPER SHOT: _____

DATE WHEN PET WAS SPAYED OR NEUTERED: _____

VETERINARIAN'S/SHELTER OFFICIANT SIGNATURE

DATE

I hereby make application to keep the following described pet in my dwelling unit, as specifically authorized under the rules and regulations set forth herein. It is understood that no substitutions are allowed and no other pet shall be permitted on the premises.

I have received a copy of the Pet Policy of the Moundsville Housing Authority and have read and understood the entirety of the policy. I hereby state that the facts and information given in this application for pet ownership are true and accurate. I understand that if these facts are not true and accurate the permit granted will be revoked and I will be required to remove the pet from MHA property. Noncompliance with these rules and regulations can result in a lease violation leading up to possible eviction.

- I agree to pay a non-refundable fee of \$50.00 at the time of registration and application.
- I agree to pay a refundable pet deposit of \$300.00. With the first payment with the application to be \$50.00. A payment made each month thereafter no less than \$25.00 per month until the balance of the deposit is paid in full. I understand that failure to satisfy this deposit will result in the revocation of the pet.
- I AGREE AND UNDERSTAND THAT ALL INFORMATION CONCERNING MY PET MUST BE UPDATED ANNUALLY AND PROVIDED TO THE MHA AT THE ANNUAL REEXAMINATION.
- I AGREE AND UNDERSTAND THAT VIOLATING THIS LEASE ADDENDUM MAY RESULT IN THE REMOVAL OF THE PET FROM THE PROPERTY OF THE MHA AND/OR EVICTION. I ALSO UNDERSTAND THAT I MAY NOT BE ALLOWED TO OWN ANY TYPE OF PET IN THE FUTURE WHILE BEING AN OCCUPANT OF THE MHA.

TENANT SIGNATURE

DATE

In application for the above I hereby attach the following documentation and required fees:

- | | |
|--|---|
| <input type="checkbox"/> Veterinarian Records (MANDATORY) | <input type="checkbox"/> \$50.00 Initial payment on Refundable Pet Deposit (MANDATORY) |
| <input type="checkbox"/> Alternate Custodian Form (MANDATORY) | No less than \$25.00 per month thereafter until the balance of the \$300.00 deposit is paid in full. |
| <input type="checkbox"/> Proof of Renters' Insurance (optional but recommended) | <input type="checkbox"/> \$50.00 Pet Ownership Application Fee (MANDATORY) |
| | <input type="checkbox"/> Color photo of pet (MANDATORY) |

PLACE COLOR
PHOTOGRAPH OF
ANIMAL HERE

ANIMAL ALTERNATE CUSTODIAN STATEMENT

I understand that I must take full responsibility for the pet listed above and owned by:

_____ who resides at _____.
Tenant's Name Tenant's Address

This address is a unit owned by the Moundsville Housing Authority. Any time the pet owner becomes unable to maintain said pet through reasons of illness, death, disability or absence from the unit, I understand that I must assume such responsibility at any time the Housing Authority contacts me that such action is needed.

Alternate Custodian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Alternate Contact Phone: _____

SIGN IN FRONT OF NOTARY

Alternate Custodian Name (Print)

Alternate Custodian Name (Signature)

Date

NOTE: Sign in presence of Notary only!

Signature of Tenant: _____ Date: _____

NOTARY ONLY

STATE OF WEST VIRGINIA

COUNTY OF _____

Before me, _____, on this day personally appeared _____,
Name of Notary Public Name of signer

to be the person(s) whose name(s) is/are subscribed to be the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.
Day Month Year

Notary Public's Signature