

**Moundsville Housing Authority**  
501 Tenth Street – Moundsville, WV 26041  
Phone (304) 845-3141 – Fax (304) 845-3147

DATE RECEIVED BY MHA: \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_  
DATE APPROVED: \_\_\_\_\_

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### Application for Pet (Dog/Cat) Ownership

TENANT NAME: \_\_\_\_\_ UNIT: \_\_\_\_\_

Please check the type of pet described herein:  Dog  Cat

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#### 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.

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TENANT SIGNATURE

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DATE

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

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

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

**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

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR ANIMALS**

I, \_\_\_\_\_, hereby give consent and authorization for Moundsville Housing Authority to release any information to any Animal Shelter, Pet Rescue, Animal Adoption Agency, or any person in regards to the eligibility of adopting an animal. This information is any information about me or my household that is pertinent to my eligibility for adopting an animal. This information may include proof of residency, current and previous pet/animal information, housekeeping information, lease violations, paying rent on time, and/or any resident information that would be required by the requesting agency/person.

I agree that a photocopy of this authorization may be used for the purposes stated above. The original is on file with MHA and will stay in effect from the date it was signed until I no longer reside with the Moundsville Housing Authority. I agree that MHA is not responsible for any result arising from the release of information pursuant to this authorization.

**SIGNATURES**

Head of Household/Spouse/Co-Head \_\_\_\_\_ Date \_\_\_\_\_  
MHA Signature \_\_\_\_\_ Date \_\_\_\_\_