



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

Application for Pet (Dog/Cat) Ownership

TENANT NAME: _____ UNIT: _____

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

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

- ☐ Veterinarian Form (Pg.2)
- ☐ Veterinarian Records
- ☐ Alternate Custodian Form (Pg.3)
- ☐ Release of Information (Pg.4)
- ☐ \$50.00 Initial payment on Refundable Pet Deposit
(No less than \$25.00 per month thereafter until the balance of the \$300.00 deposit is paid in full)
- ☐ \$50.00 Non-Refundable Pet Ownership Application Fee
- ☐ Color photo of pet
- ☐ Proof of dog license/fee from the Marshall County Assessor Office (For dogs only)
- ☐ Renter's Insurance (OPTIONAL)

PLACE COLOR
PHOTOGRAPH OF
ANIMAL HERE

I hereby make application to keep the described pet in my dwelling unit, as specifically authorized under the rules and regulations set forth with the MHA. 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. I agree and understand that all information concerning my pet must be updated annually and provided to the MHA when requested. This includes updated shot records, updated alternate custodian, and annual pet fee. Noncompliance with these rules and regulations can result in a lease violation leading up to possible eviction.

TENANT SIGNATURE

DATE



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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



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ANIMAL ALTERNATE CUSTODIAN STATEMENT

TENANT _____

ADDRESS _____

This address is a unit owned by the Moundsville Housing Authority. I am willing and able to assume the responsibility for taking care of this animal immediately in the event an emergency situation, such as the animal owner dies, is incapacitated or is otherwise unable to care for the animal, if asked to do so by the Housing Authority or other State or local authority. I also understand that if I reside with the Moundsville Housing Authority, I must take the appropriate actions to obtain ownership of the animal should I choose to keep the animal due to the death of the owner.

Alternate Custodian Name: _____

Address: _____

Alternate Contact Phone: _____

SIGN IN FRONT OF NOTARY

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



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AUTHORIZATION FOR RELEASE OF INFORMATION FOR ANIMALS

I, _____, hereby give consent and authorization for Moundsville Housing Authority to release any information to an Animal shelter, Pet Rescue, Animal Adoption Agency, or any other 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 give permission to any agency to release any records to the MHA regarding my animal.

I agree a photocopy of this authorization may be used for the purposes stated above. The original is on file with the 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 the MHA is not responsible for any result arising from the release of information pursuant to this authorization.

SIGNATURES

HOH/SPOUSE/CO-HEAD: _____ Date: _____

MHA SIGNATURE: _____ Date: _____



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FOR MHA USE ONLY:

Date Received by MHA: _____

Date Approved by MHA: _____

Date Denied by MHA: _____

Reason(s) for Denial: _____

Approved by: _____

Denied by: _____