

Moundsville Housing Authority

Registration & Application for Service or Assistance Animal Ownership

APPLICATION TYPE: Service Assistance

TENANT NAME: _____ UNIT: _____

I hereby make application for a written SERVICE OR ASSISTANT ANIMAL PERMIT to keep the following described animal 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.

Documentation is required stating the qualifying disability and medical need for a service or assistance animal. This is a requirement of this application and must be submitted at time of application.

Please check the type of pet described herein:

SERVICE ANIMAL: Dog (only animal permitted for this type of application)

ASSISTANCE ANIMAL: Dog Cat Bird Other: _____ (must specify)

TO BE COMPLETED BY THE VETERINARIAN OR ADOPTION AGENCY QUALIFIED PERSONNEL

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

NAME OF VETERINARIAN CLINIC/ADOPTION AGENCY: _____

ADDRESS: _____

PHONE: _____

A copy of all shot records and evidence of the above listed information from a licensed veterinarian must be submitted to the Housing Authority for inclusion in the tenant file. A color photograph of the pet must also be attached to this application.

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

- Medical Documentation (MANDATORY)
- Veterinarian Records (MANDATORY)
- Alternate Custodian Form (MANDATORY)
- Proof of Renters' Insurance (optional but recommended)
- Other: _____
- Color photo of pet (MANDATORY)

Office Use Only

Date Received by MHA: _____

Approved by: _____

Date Approved: _____



APPLICANT DECLARATION

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 give in this application for animal 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 abide by the requirements outlined in this lease addendum for pet ownership and to keep the service or assistant animal(s) in accordance with the pet policy.
- I agree and understand that I am liable for any damage or injury whatsoever caused by my service or assistant animal(s) and shall pay MHA for any damages or injury caused by the service or assistant animal(s). I also realize that I should obtain liability insurance for pet ownership and that paying for the insurance is my responsibility.
- I agree to accept full responsibility and will indemnify and hold harmless MHA for any claims by or injuries to third parties or their property caused by my service or assistant animal(s).
- I AGREE AND UNDERSTAND THAT ALL INFORMATION CONCERNING MY SERVICE OR ASSISTANCE ANIMAL 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 EVICTION.

IN WITNESS WHEREOF, we have executed this Application for Pet Ownership Permit on this ____ day of _____, 20____, in Moundsville, West Virginia.

Animal Owner Name Name (Print)

Animal Owner Name Name (Signature)

Date

STATE OF WEST VIRGINIA

COUNTY OF MARSHALL

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

NOTARY STAMP

Notary Signature

Notary Expiration Date

Moundsville Housing Authority

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. At 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: _____

IN WITNESS WHEREOF, we have executed this Application for Pet Ownership Permit on this _____ day of _____, 20____, in Moundsville, West Virginia.

Custodian Name (Print)

Custodian Name (Signature)

Date

STATE OF WEST VIRGINIA

COUNTY OF MARSHALL

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

NOTARY STAMP

Notary Signature

Notary Expiration Date