

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: _____

Application for Pet Ownership

TENANT NAME: _____ UNIT: _____

I hereby make application for registration of and 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.

Please check the type of pet described herein: Dog Cat Bird Fish Rodent

(No other type of pets will be permitted)

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: _____

I hereby make application for registration of and 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.

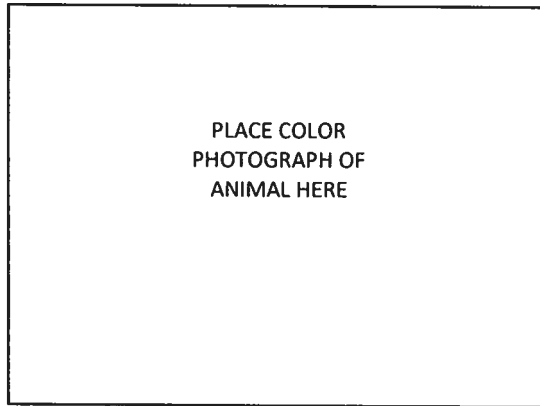
TENANT SIGNATURE

DATE

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:

- | | |
|---|--|
| <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 balances 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"/> Other: _____ | <input type="checkbox"/> Color photo of pet (MANDATORY) |



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 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 abide by the requirements outlined in this lease addendum for pet ownership and to keep the pet in accordance with this lease addendum.
- I agree and understand that I am liable for any damage or injury whatsoever caused by pet and shall pay MHA for any damages or injury caused by the pet. 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 pet.
- 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 at registration and application to be \$50.00 and payments made each month thereafter no less than \$25.00 per month until the balances of the deposit is paid in full. I understand that failure to satisfy this deposit will result in the revocation of the pet permit.
- 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.

SIGN IN FRONT OF NOTARY

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

Pet Owner Name (Print)

Pet Owner Name (Signature)

Date

STATE OF WEST VIRGINIA

COUNTY OF _____

Before me, _____, on this day appeared _____,
Notary Name Name of Signer(s)

to be the person(s) whose name is/are subscribed to 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 the office this _____ day of _____.

Notary Signature

Notary Expiration Date

(SEAL)

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: _____

SIGN IN FRONT OF NOTARY

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 _____

Before me, _____, on this day appeared _____,
Notary Name Name of Signer(s)

to be the person(s) whose name is/are subscribed to 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 the office this _____ day of _____, _____.

Notary Signature

Notary Expiration Date

(SEAL)