

Housing Authority of the County of Stanislaus

P.O. Box 581918
Modesto, CA 95358-0033
(209) 557-2000

APPLICATION TO KEEP A PET

Applicant Name: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Address: \_\_\_\_\_

Unit No: \_\_\_\_\_

This section MUST be completed by a licensed Veterinarian

Please use back of form if additional space is needed

Table with 7 columns: Type of Pet, Breed: Include all breeds if "mixed", Full Grown Weight, Date of Rabies & Distemper Shots, Date of Spay/Neuter, City License #, License Exp. Date. Rows include Dog, Cat, Other, Bird.

The above information is true and correct to the best of my knowledge.

Name of Veterinarian (Please Print) \_\_\_\_\_

Business Address \_\_\_\_\_

Signature of Veterinarian \_\_\_\_\_

Date \_\_\_\_\_

This section to be completed by tenant and alternate care person

5) Aquarium (Size in Gallons): \_\_\_\_\_ (May not exceed 15 gallons).

Alternate Care Person

In your absence who will be responsible for the care of your pet?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Notice to Alternate Care Person: Please read the following excerpt from the Housing Authority's pet policy regarding tenant absences from the unit.

Resident absences from the Premises

When absent from the unit, families with dogs or cats shall be responsible for the housing of their pet(s) somewhere other than on the premises overnight or longer periods. Families with pets shall have a standing arrangement, on file, with the Housing Authority providing for the care of pet(s) in the event that the family must leave their unit on an emergency basis. The arrangement will specify who will be responsible for assuring compliance with this provision.

If you, as the alternate care person, agree to abide by the terms of this section of the policy, please include your signature below.

Signature of Alternate Care Person \_\_\_\_\_

I/we declare under penalty of perjury that the foregoing is true and correct, and understand that false statements or withholding information is punishable under Federal Law.

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Signature of spouse \_\_\_\_\_ Date \_\_\_\_\_

