

**REQUEST TO ALLOW A PET**

Peninsula Housing Authority

This request is for \_\_\_\_\_ to maintain the

following \_\_\_ dog \_\_\_ cat in their residence at \_\_\_\_\_.

Name animal answers to \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_

Description: (Color, markings, tail, no tail, color of eyes, etc.)

Current height: \_\_\_\_\_ Current weight: \_\_\_\_\_

Current license tag number: \_\_\_\_\_ Date expires: \_\_\_\_\_

Names of other persons who will care for the pet if resident is unable to do so: (You must list two.)

1) Name \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

2) Name \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

I have received a copy of the pet policy and by my signature below agree to its terms and conditions.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## Certification by Veterinarian

Please check all that apply:

\_\_\_\_ The animal listed on the front side of this document is currently under my care and in compliance with all required and recommended inoculations, vaccinations or medical care.

\_\_\_\_ If not, please comment (for example: pet too young for certain vaccinations) and state recommended date for correction.

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\_\_\_\_ If this animal is a dog, the animal is a non-aggressive breed.

\_\_\_\_ If not, please comment:

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\_\_\_\_ The animal has been spayed/neutered. Date \_\_\_\_\_

\_\_\_\_ The animal has not been spayed/neutered because \_\_\_\_\_

Recommended date for procedure: \_\_\_\_\_

Veterinarian name \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date