

V.3.



PET REGISTRATION FORM

Name of pet owner: _____

Registration Start Date: _____ Registration End Date: _____

Description of Pet: _____

Name of Pet: _____ Age: _____

Type: _____ Breed: _____

Color: _____ Current Hgt: _____ Projected Hgt: _____ Current Wgt: _____ Projected Wgt: _____

Documentation Checklist:

- Vaccination Certification/ Shot Record
- Proof of Flea Control (if applicable)
- Statement of Alternate Placement
- Deposit Paid
- Proof of Spaying or Neutering (if applicable)
- Apartment Inventory/ Condition Sheet
- License/ Rabies Tag #
- Liability Waiver From

Emergency Contact Information

By providing the following information, I understand that the Department of Housing has the right (but not the duty) to take my pet to the below listed veterinarian in the event that I cannot be contacted in an emergency.

Veterinarian Name: _____ Phone Number: _____

Address: _____

I have read the Housing Pet Ownership Guidelines and I understand that failure to comply with these guidelines may result in the revocation of this registration:

Signature of Pet Owner_____
Date_____
Signature of Director of Housing_____
Date

V.4.