

ARLINGTON HOUSING AUTHORITY
4 WINSLOW STREET
ARLINGTON, MASSACHUSETTS 02474-3062

PET APPLICATION

Written request in resident's own handwriting with:

1. picture of proposed pet
2. proof that proposed pet is licensed in compliance with local statutes
3. check for \$160.00 or one month's rent, whichever is less

A Veterinarian, licensed to practice in the Commonwealth of Massachusetts, must provide directly to the Arlington Housing Authority:

1. a comprehensive description of the proposed pet including its age, weight, measurement, and any identifying characteristics
2. certification that proposed pet has been spayed or neutered; that it is current with all vaccinations including but not limited to rabies and distemper shots; that it is free from flea and mites; that it is in good health
3. his/her professional opinion that the proposed pet will not be adversely affected by confinement to an apartment in elderly housing
4. in the case of a cat, certification that the proposed cat is a house cat

From each of the two caretakers named by the prospective owner on AHA forms:

1. written acquiescence in his/her own handwriting accepting designation as the caretaker of the pet and their availability and willingness to assume immediately the total care of the proposed pet should the need arise

Arlington Housing Authority forms to be signed:

1. Tenant re: any lease violations
2. Tenant re: removal of previously authorized pet
3. Pet caretakers (2)
4. Veterinarian

PET RIDER

This pet rider to the lease between _____ and the Arlington
(Resident)
Housing Authority is made a part of the lease entered between parties on _____ .
(Date)

1. Both parties have read, agreed to, and signed the attached Pet Guideline in effect for the complex.
2. The resident will keep his/her pet in a responsible manner and provide proper care for it as provided in said pet guidelines.
3. In accordance with the Pet Guidelines, the resident will provide the name, address, and telephone number, in the space provided below, of two pet caretakers who by signing this form will assume responsibility for the pet should the resident become unable to care for the pet, including any damages or medical expenses. Resident will also provide the name, address, and telephone number of the veterinarian responsible for the pet's health care.

PET CARETAKER NUMBER 1

Name _____

Address _____

Telephone _____

Signature _____

PET CARETAKER NUMBER 2

Name _____

Address _____

Telephone _____

Signature _____

Removal of Previously Authorized Pet

Any resident who in the opinion of the Executive Director is no longer able to keep and care for his/her authorized pet shall make other arrangements for the pet within three days upon written notice from the Arlington Housing Authority.

If my authorized pet shows signs of improper care, evidence of abuse, viciousness, and/or other behavior that constitutes a threat to my well-being and/or that of any other resident or staff person or visitor, upon written notice from the Executive Director of the Arlington Housing Authority I do hereby agree to remove my pet immediately. Should I be unable to do so, I further agree that one of my designated caretakers shall immediately do so on my behalf. In the event that either or both of my designated caretakers fail to act, the Arlington Housing Authority is held harmless, is authorized to assume my pet is abandoned and is instructed by me to give my pet to the Animal Control Officer of the Town of Arlington or to the Angel Memorial Hospital.

Resident _____

Designated Caretaker _____

AHA Staff Witness _____

Date _____

I have read and understand each of the rules governing the keeping of an authorized pet and do hereby agree that any violation of any of these rules shall be grounds for immediate irrevocable banishment of my pet from the property of the Arlington Housing Authority.

Signed _____

Date _____

Witness _____

Witness _____