PET OWNERSHIP AGREEMENT

I hereby request permission to keep the following described pet in my dwelling unit:

Type of Pet: _____

Age: _____

Size: _____

Color: _____

I have read and agree to abide by all Pet Ownership Policies established by the Malden Housing Authority (MHA). I further agree that it is my sole responsibility to responsibly care for and clean-up after my pet, and understand that this Agreement shall permit the MHA, in its sole discretion, to take action to remove the pet from my unit if the MHA believes that the animal is not properly cared for or shows signs of abuse.

I hereby release the Malden Housing Authority of any and all liability caused by, relating to or associated with my pet.

_____	_____
Signature of MHA Resident	Signature of MHA Representative
_____	_____
Date	Date

{Paste Color Photograph of Pet here}

MALDEN HOUSING AUTHORITY
PET CARETAKER AGREEMENT

I, _____, of _____, _____, _____, do hereby agree to act as temporary/permanent Caretaker, if necessary, for the care and responsibility of the companion animal that belongs to:

Name of Resident: _____

Apartment No.: _____

Description of Pet: _____

I represent to MHA that it will be my responsibility to remove the animal from the premises if the aforementioned owner of the pet dies, is incapacitated or is other wise unable to care for the pet, whether it be for a short duration or on a permanent basis.

I further understand that this Agreement shall permit the MHA, in its sole discretion, to take action to remove the pet from the unit if the MHA believes the animal is not properly cared for or shows signs of abuse.

_____ _____
Signature Date

_____
Address

_____
City & State

(____) _____
Telephone Number

MALDEN HOUSING AUTHORITY

PET REGISTRATION CHEKCLIST

_____ _____

Name of MHA Resident Unit Address

Pet: _____ _____ _____ _____

Type & Breed (Dog/Cat) Weight (Approx.) Name Age

Disability Assistance Animal: ____ ____

Yes No

_____ Copy of Pet Ownership Policy Provided

_____ Certification of City License (if required)

_____ Veterinarian's Certification of Inoculations

_____ Veterinarian's Certification of Spaying or Neutering

_____ Pet Caretaker Agreement

_____ Pet Ownership Agreement

_____ Color Photograph

_____ Exclusion for Animals that Assist Persons with Disabilities.

_____ 3rd Party verification that the tenant, or a member of his/her family is a person with a disability;

_____ 3rd Party verification that the animal has been trained to assist persons with a certain disability, and that the animal will actually assist an MHA resident having such a disability.

By: _____ Date: _____

Name of MHA Representative