

PET OWNERSHIP AGREEMENT
General Occupancy Developments

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 understand that I will be billed a \$10.00 nominal pet fee each month. I further acknowledge that any violation of the Pet Policy could be grounds for termination of my Lease.

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 CHECKLIST

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: _____
Name of MHA Representative

Date: _____