

PET POLICY REQUIRED PAPERWORK

- All attached form are filled out and signed- Including Veterinarian Report
- \$100 Pet Security Deposit (if applicable)
- \$5.00 Initial Monthly Pet Fee (if applicable)
- Proof of Renters Insurance
- Picture of Pet

EXHIBIT I

DO NOT SIGN THIS RIDER IF YOU HAVE NOT READ IT CAREFULLY AND HAD ALL QUESTIONS ANSWERED, AS THIS DOCUMENT IS A BINDING PORTION OF YOUR LEASE.

By _____

Tenant's Signature

Title _____

Tenant's Signature

Witness _____

Date _____

AS A CONDITION OF PERMIT NO. _____ FOR A PET PERMIT ON _____

I, _____ UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THE PET POLICY.

PROJECT MANAGER _____

DATE _____

TENANT _____

DATE _____

TENANT _____

DATE _____

EXHIBIT II

HOUSING AUTHORITY OF BRADFORD/TIOGA COUNTIES PET REGISTRATION FORM

As of this date, I, _____ of apartment _____
_____, am requesting registration of the following type pet, a
_____, named _____.
(Type)

AGE: _____ WEIGHT: _____ BREED: _____

As the pet owner, I hereby certify that I have a pet license and it is in effect until

_____ (Copy attached.) LICENSE NO: _____

Picture attached: _____.

My pet's veterinarian is _____ Address: _____
Phone: _____

As the pet owner, I also have read the Pet Lease Amendment and agree to abide by those regulations. My signed Pet Responsibility Card is attached.

Signature

Date

PLEASE HAVE YOUR VETERINARIAN FILL OUT THIS SECTION:

This pet had the following necessary inoculations:

Which are effective until: _____.

I am certifying that this pet is in good health and had been spayed or neutered as required by management on this date: _____.

Veterinarian's Signature

Date

HOUSING AUTHORITY OF BRADFORD/TIOGA COUNTIES

Pet has been: _____ approved _____ denied.

Reason for denial _____

Name: _____ Title: _____

Signature: _____ Date: _____

EXHIBIT III

PET RESPONSIBILITY SHEET

Prior to pet admissions, the owner must fill in and sign this Pet Responsibility Sheet showing name, address and phone number of two (2) local persons who will come and get the pet in the event of tenant's illness, vacation, or death. This Pet Responsibility Sheet must be renewed each year by March 1st. Persons so named will be responsible in the order of their names on the Pet Responsibility Sheet.

NAME: _____

ADDRESS: _____

PHONE: _____

DATE LETTER RECEIVED: _____

NAME: _____

ADDRESS: _____

PHONE: _____

DATE LETTER RECEIVED: _____

The tenant agrees to hold the Landlord and employees harmless of any liability in connection with the Pet Responsibility Sheet.

Tenant: _____ Unit No. _____

Date: _____

EXHIBIT IV

PET RESPONSIBILITY VERIFICATION FORM

(Must be filled in, signed, and submitted with the Registration Form to the Housing Authority before the pet can be approved.)

As a pet owner residing in a Housing Authority of Bradford/Tioga Counties managed building, I am contacting you to verify your acceptance of the responsibility for the pet that resides with

_____, at _____. A copy of the Pet Policy is attached for your information. By signing this document, you are accepting the responsibility for care of this pet in accordance with the Pet Policy in absence, sudden illness, or death of the Tenant.

I have read the Pet Regulations and agree to abide by these rules and assume responsibility for the pet, _____ owned by _____

at _____, in the event the owner is out of town, or for any reason is not able to continue care of the pet temporarily when called by the owner or Bradford/Tioga Housing Authority.

Phone: _____

Signature

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Phone: _____

Signature