



HOUSING AUTHORITY of the TOWN OF VERNON

21 COURT STREET
VERNON, CT 06066
(860) 871-0886 • FAX (860) 875-9811

APPLICATION FOR PET PERMIT

I have read the Pet Policy and understand same. I hereby make an application for a Pet Permit.

Date: _____

Tenant Name: _____ Phone Number: _____

Tenant Address: _____

| <u>Type of Pet</u> | <u>Weight</u> | <u>License</u> | <u>Evidence of Spaying/Neutering</u> | <u>Date & Evidence of Rabies/Distemper Shots</u> |
|--------------------|---------------|----------------|--------------------------------------|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Vaccinations, licenses, spaying/neutering documentation must be attached.

If Aquarium, size in gallons _____ (may not exceed 40 gallons)

If Birds, Type _____ # Requested _____

Description of Pet: _____

Picture of Pet must be provided.

REFERENCES:

1. How long have you had the pet? _____
2. Name, Address, and Phone number of your Veterinarian: _____

3. If you previously owned this pet in a rental apartment, please give name, address, and phone number of your Landlord: _____

Please list two people who will be responsible to assist us in the event your pet requires care while you are not able to care for it due to vacation, hospitalization, abandonment, etc.

| _____ | _____ |
|------------------|--------------|
| Name and Address | Phone Number |

| | |
|------------------|--------------|
| _____ | _____ |
| Name and Address | Phone Number |

Applicant/Tenant Signature

