



QUINCY HOUSING AUTHORITY

80 CLAY STREET
QUINCY, MASSACHUSETTS 02170-2799

James N. Marathas
Executive Director
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This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.
本通知很重要。請將之譯成中文。
ខេត្តដាច់ណាមួយ សូមមេត្តាបកប្រែជូនផង

PET RIDER

This Pet Rider to the Lease between _____ (**Tenant**) and the Quincy Housing Authority (Management) is made part of the Lease entered into between said parties. I (tenant) have read and understand the provision of Quincy Housing Authority's Pet Policy and understand that violation of any provisions is grounds for removal of the Pet and termination of my tenancy. I acknowledge having received a copy of said Pet Policy.

Tenant must appoint two individuals that are not already on the tenants lease and are also not current tenants of the QHA, to act as pet caretakers. The Pet Caretaker will provide a home to the pet and assume all responsibilities for proper care of pet should the tenant become unable to do so.

I, _____ (**Pet Caretaker #1**) agree to act as a Pet Caretaker for the pet of the above individual. I have received a copy of the Housing Authority's Pet Policy and a copy of this Pet Rider, and understand the responsibilities that I am assuming by accepting this designation.

Signature of Pet Caretaker #1

Address: _____

Tel. No. _____
Date: _____

I, _____ (**Pet Caretaker #2**) agree to act as a Pet Caretaker for the pet of the above individual. I have received a copy of the Housing Authority's Pet Policy and a copy of this Pet Rider, and understand the responsibilities that I am assuming by accepting this designation.

Signature of Pet Caretaker #2

Address: _____

Tel. No. _____
Date: _____

Signature of Tenant

Date

Signature of QHA Representative

Date



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DESCRIPTION OF ANIMAL

Breed of Cat or Dog: _____

Name of Cat or Dog: _____

Identifying Marks: _____

MEASUREMENTS

Length: _____

Height: _____

Weight: _____

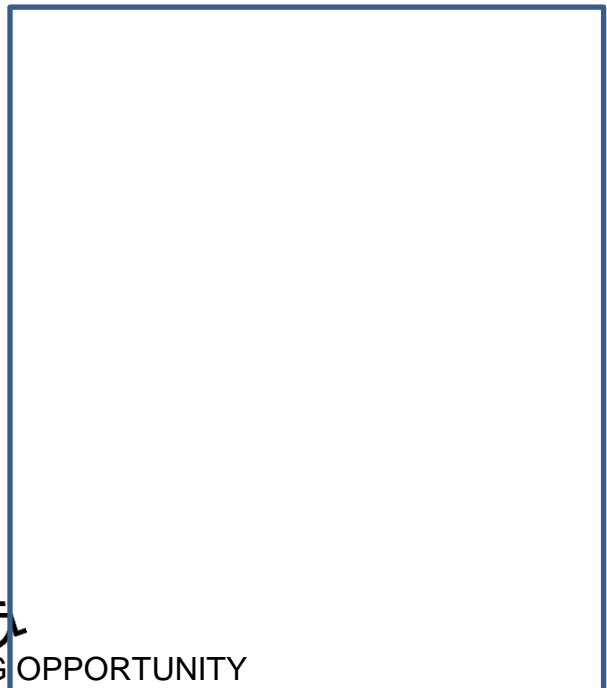
Veterinarian: _____

Name: _____

Address: _____

Telephone No. _____

Photograph of Animal:
(Two (2) Color Photos)



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Veterinarian / Animal Shelter Statement

To be submitted in order to help evaluate tenant's request for pet ownership
At the Quincy Housing Authority

To be completed by tenant:

Name of Tenant: _____
Address: _____

Telephone No: _____
Name of Pet: _____

To be completed by Veterinarian of Animal Shelter Official:

Name of Veterinarian / Official _____
Address _____

Telephone No. _____

Type & Breed of Pet:	
Age: Years/ Months:	
Weight at Maturity:	

1. How long have you cared for the above pet? _____
2. In your opinion does the pet show any signs of aggressiveness or viciousness that would make the pet unsuitable for living in a dense multi-family housing development?

Please explain:

3. In your opinion is the above tenant a responsible pet owner? Please explain if you cannot give an opinion.



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4. Pets are required to be spayed / neutered to be current in the following vaccines to be in compliance with the Quincy Housing Authority Pet Policy. Please indicate the spay / neuter date if known and date of expiration of vaccinations below:

DOG	Expiration Date	CAT	Expiration Date
Spay / Neuter		Spay / Neuter	
Rabies		Rabies	
Distemper		Distemper	
Parvo		Feline	
Kennel Cough			

Signature of Veterinarian or Shelter Official

Date



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