



MARSHFIELD HOUSING AUTHORITY

17 TEA ROCK GARDENS
MARSHFIELD, MASSACHUSETTS 02050

James N. Marathas
Executive Director
Telephone: (781) 834-4333
Fax: (617) 830-2816

PET RIDER

This Pet Rider to the Lease between _____(tenant) and the Marshfield Housing Authority (management) is made part of the lease entered into between said parties. I (tenant) have read and understand the provision of Marshfield 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 tenant’s lease and are also not current tenants of the MHA, 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 Caretake #1) agree to act as a Pet Caretaker for the pet of the above individual. I have received a copy of the MHA’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 Caretake #2) agree to act as a Pet Caretaker for the pet of the above individual. I have received a copy of the MHA’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

Tenant Signature and Date

MHA Representative and Date



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DESCRIPTION OF ANIMAL

Breed of Cat or Dog: _____

Name of Pet: _____

Identifying marks: _____

MEASUREMENTS

Length: _____

Height: _____

Weight: _____

Veterinarian: _____

Address: _____

Phone No.: _____

Photograph of Animal:
Please attach 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 Marshfield Housing Authority

To be completed by tenant:

Name of Tenant: _____

Address: _____

Telephone No.: _____

Name of Pet: _____

To be completed by Veterinarian/Animal Shelter

Name of Veterinarian/Official: _____

Address: _____

Telephone No.: _____

Type and Breed of Pet: _____

Age: Years/Months: _____

Weight at Maturity: _____

How long have you cared for the above pet? _____

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.

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



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

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

Signature of Veterinarian or Animal Shelter Official

Date



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