



HOLBROOK HOUSING AUTHORITY

1 HOLBROOK COURT
HOLBROOK, MASSACHUSETTS 02343-1825

James N. Marathas
Executive Director
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PET RIDER

This Pet Rider to the Lease between _____ (tenant) and the Holbrook Housing Authority (management) is made part of the lease entered into between said parties. I (tenant) have read and understand the provision of 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 HHA, 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 HHA'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 HHA's Pet Policy and a copy of this Pet Rider and understand the responsibilities that I am assuming by accepting this designation.



EQUAL HOUSING OPPORTUNITY

"Where our tenants come first"

Signature of Pet Caretaker #2

Address

Tel. No.

Date

Tenant Signature and Date

HHA Representative and Date

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

Veterinarian/Animal Shelter Statement

**To be submitted in order to help evaluate tenant's request for pet ownership at the
Hingham 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.**

Pets are required to be spayed/neutered to be current in the following vaccines to be in compliance with the Hingham 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
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Spay/Neuter			
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Rabies			
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Distemper			
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Parvo			
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Kennel Cough			
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Signature of Veterinarian or Animal Shelter Official

Date

Approved March 23, 2023