

Lavonia Housing Authority
Authorization for Pet Ownership Form

Resident's Name _____ Date _____

Resident's Address _____ Development _____

Pet type: Dog____, Cat____, Bird____, Pets'
Name _____

Pet's Sex (M/F)_____ Pet's Color _____ Pet's Age (Mth/Yr)_____

Breed of Dog, Cat or Bird _____ Projected Adult Weight _____ lb.

License _____ or _____ ID
Number _____

Veterinarian Utilized Dr. _____

Address _____ Phone _____

The following responsible persons have agreed to care for the above pet, if I should for any reason become incapable or unable to care for my pet:

Name: _____

Address: _____ Phone No. _____

I have read the pet rules of the Lavonia Housing Authority, Lavonia , Georgia and I agree to comply with those rules.

Resident's _____ Date: _____ Signature: _____

Attach certificate signed by a local veterinarian or a State or local authority that the above named pet has received all inoculations required by applicable State and local law and proof that the pet has been neutered (spayed for females or castrated for males).

Resident has paid a pet deposit of \$_____. **Attach Picture of Pet to this form.**

Lavonia Housing Authority Representative _____ Date _____