HANNIBAL HOUSING AUTHORITY
PET POLICY AGREEMENT

I understand that I am required to submit my pets updated shot record and license to the Housing Authority on an annual basis with my recertification application.

Pets Name:_____ Type or Pet:_____
Inoculations (type and Date):_____
License Dates:_____ Spay/Neuter Date:_____

Provide the name, address, and phone number of one or more persons who will care for the pet if you are unable to do so. This information will be updated annually.

Name:_____ Phone:_____
Address:_____

NOTE: This policy is an agreement between the head of household and the Hannibal Housing Authority and needs to be signed only if a pet is in the household.

As head of household, I have read the Hannibal Housing Authority pet policy and understand these provisions. I agree to abide by these provisions fully and understand that permission will be revoked if I fail to do so. Failure to comply with any part of they above and/or to take corrective action after sufficient notice of the violation shall be cause for termination of the lease. I have received a copy of this policy.

_____ _____ _____
Name (please print) Community or Building Unit Number

_____ _____
Resident Signature Date

_____ _____
Hannibal Housing Authority Signature Date