



# QUINCY HOUSING AUTHORITY

80 CLAY STREET

QUINCY, MASSACHUSETTS 02170-2799

This is an important notice. Please have it translated.  
 Este é um aviso importante. Queira mandá-lo traduzir.  
 Este es un aviso importante. Sírvase 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。  
 នេះគឺជាជំពាក់ដ៏សំខាន់ សូមមេត្តាមកប្រែជូនផង

James N. Marathas  
 Executive Director  
 Telephone: (617) 847-4350  
 Fax: (617) 770-2876

## 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

## DESCRIPTION OF ANIMAL

Breed of Cat or Dog: \_\_\_\_\_

Name of Cat of Dog: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

## MEASUREMENTS

Length: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

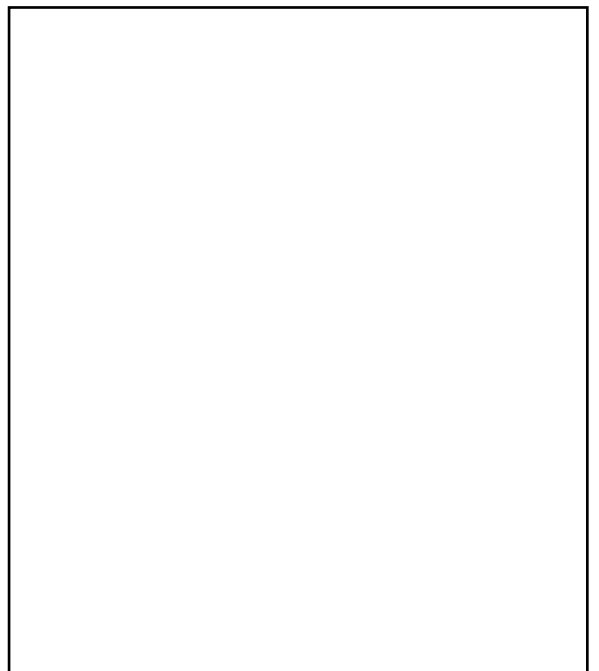
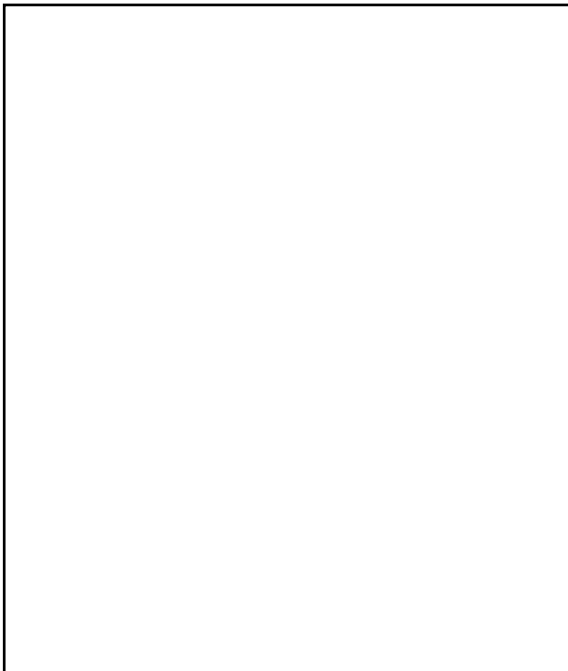
Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_

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



**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: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Name of Pet: \_\_\_\_\_

**To be completed by Veterinarian of Animal Shelter Official:**

Name of Veterinarian / Official: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

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

\_\_\_\_\_  
Signature of Veterinarian or Shelter Official

\_\_\_\_\_  
Date



EQUAL HOUSING OPPORTUNITY