

Housing Authority of the City of Alameda

701 Atlantic Avenue - Alameda, California 94501-2161 - TEL: (510) 747-4300 - FAX: (510) 522-7848 - TDD: (510) 522-8467

ASSISTANCE ANIMAL REGISTRATION AND CERTIFICATION BY ALTERNATE CAREGIVER

Resident: _____ Complex: _____

Address: _____

I have read, understand, and agree with the Policy on Assistance Animals. This form describes the assistance animal in my household and I have attached a veterinarian's certification that the animal has received all required inoculations, has no communicable diseases, and is pest free:

Type of Animal (e.g., dog)	Breed (e.g., spaniel, shepard)	Describe/Color/Size (e.g., brown and black, 20 lbs.)	Photo <input checked="" type="checkbox"/>	Vet. <input checked="" type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Attach photo ----->

An alternate caregiver must be designated who commits to the care of the animal when it is necessary, such as when the resident is incapable of doing so (e.g., hospitalized).

I authorize the Housing Authority to board the animal at my expense in the event I and my alternate caregiver are unable to care for my assistance animal.

Resident's Signature: _____ Date: _____

Alternate Caregiver No. 1: As the designated alternate caregiver, I agree to care for this animal when the above-named Resident is unable to do so. If unable to fulfill this responsibility, I agree to notify the Resident and the Housing Authority by calling (510) 747-4307 or (510) 747-4308. I have read, understand, and agree with the Housing Authority's Policy on Assistance Animals.

Name: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

Alternate Caregiver No. 2 (optional): As the designated alternate caregiver, I agree to care for this animal when the above-named Resident is unable to do so. If unable to fulfill this responsibility, I agree to notify the Resident and the Housing Authority by calling (510) 747-4307 or (510) 747-4308. I have read, understand, and agree with the Housing Authority's Policy on Assistance Animals.

Name: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

DRAFT (1/4/11)

