

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	Vet.
			D	0
Attach photo				
commits to the care of	n the resident is incapable			
I authorize the Housing animal at my expense in alternate caregiver are assistance animal.	n the event I and my			
Resident's Signature:		Date:		
named Resident is unal Housing Authority by ca Housing Authority's Pol	ple to do so. If unable to fulfill t	e caregiver, I agree to care for this anin this responsibility, I agree to notify the 747-4308. I have read, understand, and	Resident and	d the
Address:		Phone:		
Signature:		Date:		
above named Resident the Housing Authority I	is unable to do so. If unable to	d alternate caregiver, I agree to care fo fulfill this responsibility, I agree to not 10) 747-4308. I have read, understand	tify the Resid	ent and
Name:				-
Address:		Phone:		
Signature:		Date:		



