CARBONDALE HOUSING AUTHORITY
PET PERMIT APPLICATION

Pet Owner's Name:_____

Pet Owner's Address:_____

Home Telephone:_____ Work Telephone:_____

Type of permit requested: DOG_____, CAT_____

Pet Security Deposit: DOG_____ _____
AMOUNT DATE PAID

CAT_____ _____
AMOUNT DATE PAID

Description: Animals Name_____ Breed_____

Weight_____ Height_____

Annual Shots Received: Yes____ No____ Date Shots Received_____

Male/Date Neutered:_____ License Number:_____

Female/Date Spayed:_____ License Number:_____

Veterinarian Signature:_____ Date_____

Veterinarian Address:_____ Phone_____

Emergency Caregiver for Pet:

Name:_____ Relation_____

Address:_____

Phone Number:_____

I have read and understand the rules governing pets and I and all members of my household promise to fully comply.

Signature of Pet Owner:_____ Date_____

Approved by:_____ Date_____

Please attach to this form the following:

Picture of the Pet
Rabies Certification