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## **ASSISTANCE ANIMAL REGISTRATION AND AGREEMENT**

Please fill out the front and back of this form.

Name:	Unit Address:		
Animal's Name:			
Animal Type:	Breed:	Color:	
☐ Dog			
☐ Cat	Weight:	Height:	
Other			
If other, please describe below.	Special Marks:		
	Any history of aggressive behavior? If yes, please explain below.  ☐ No		
	Yes		
Please return this form with:			
✓ Copy of city dog license, if	applicable		
✓ Color photograph of your Print and attach to this form of		nt Property Manager	
✓ Official veterinarian docur	nent that lists:		
Certification of vaccination	ns required by State and	local law	
Office Use Only Notes:			
Homes for Good Staff:	Date	Processed:	

Responsible Party Name:	Responsible Party Address:		
Responsible Party Phone:	Responsible Party Email:		
I understand that I am giving permission for the Responsible Party to access my unit, in the event of an emergency. This may range from temporarily feeding and caring for my animal in my unit to removal from my unit and transfer of ownership, depending on the type of emergency.			
I also understand that if the Responsible Party cannot be reached or is unwilling to take responsibility for my animal, Homes for Good may contact the appropriate State or local agency to request removal of the animal, in accordance with Homes for Good's Assistance and Service Animal Policy.			
I understand that I am responsible for following the Homes for Good's Assistance and Service Animal Policy and all of the following:			
1. ADEQUATE CARE, NUTRITION, EXERCISE, AND MEDICAL ATTENTION for my animal.			
2. ANY DAMAGE OR INJURY caused by my animal.			
3. PROMPTLY DISPOSING OF ANIMAL WASTE in a plastic bag and placing it in the trash.			
4. <b>UPDATING ANIMAL REGISTRATION ANNUALLY</b> or as requested by Homes for Good.			
5. <b>KEEPING MY ANIMAL AND ITS NOISE UNDER CONTROL</b> at all times.			
6. <b>NOT ALTERING MY UNIT</b> to accommodate my animal without permission from Homes for Good.			
By my signature below, I agree to the terms and conditions above.			
Resident Signature:	Date:		