## ROGERSVILLE HOUSING AUTHORITY

902 LOCUST STREET ROGERSVILLE, TN 37857 TEL (423) 272-8540 FAX (423) 272-4710 TTY (1-800) 877-8339

FOR OFFICE USE ONLY:
Approved by:
Denied by:
Date of Decision:
Appointment:

## ROGERSVILLE HOUSING AUTHORITY PET APPLICATION

		NO AUTHORITY PET APPLICATION	
Pets will be considered for the for the pet to be permitted o must be made to complete to	n the premises, the pet MUST $_{\circ}$	ting the information below in full. This is a Pet Application ONLY. In order be approved by the Rogersville Housing Authority and an appointment	
Tenant Name:			
Pet's Name:		Male/Female:	
		Breed:	
		Age:	
Weight:	Height:	Spayed/Neutered?	
THE CONTRACTOR (A.S.). THE ST CONTRACTOR CON	Veterir	narian Information	
Name of Veterinarian:			
Address of Veterinarian:			
Phone Number:	Date of Last Appointment:		
Date of Last Distemper S	hot (Dog Only):	•	
Next Appointment Date:			
The undersigned understand paid, vet records are provide conditions have been met. T granting or denying the a	ds that permission to have a pet is d, and Tenants sign and agree to t he undersigned herby certifies th pproval of this application. The ur	s not granted until the pet application is approved, the required Pet Deposit is the Pet Lease. A pet is <u>not allowed</u> in the unit under any circumstances until all at the above information is correct and said information will be relied upon in indersigned herby authorizes Rogersville Housing Authority to investigate as authorizes the Release of the Information from Veterinarians.	
Fonant Signature			
		Date:	
Tenant Signature: Date:			
Tenant Signature: Date:			