



Negaunee Housing Commission



Lakeview Apartments

98 Croix Street

Negaunee, Michigan 49866

Phone: (906) 475-9107 Fax: (906) 475-6225

mmwaters@negauneehousing.org

PET/ANIMAL OWNERSHIP FORM

Resident Name _____ Date _____
Address _____ Phone Number _____

I Have The Following Pet/Animal: Dog Fish Cat Bird

Name of Pet/Animal: _____

Description of Pet/Animal (i.e. Breed, color, eye color, expected mature height & weight, any distinctive markings) _____

License Number _____ Expiration Date _____

Neutered: Yes No Declawed: Yes No

Vaccinations - please supply verification from veterinarian.

Name of Veterinarian: _____ Phone Number _____
Address: _____

Dogs and cats must wear a collar at all times (with proof of rabies inoculation attached) and an identification tag that bears the pet/animal's name, owner's name, address, and telephone number.

DESIGNATED PET/ANIMAL CAREGIVER

I have agreed to assume full responsibility for the care of this pet/animal should the above person become ill, incapacitated, or die. If necessary, the Negaunee Housing Commission has permission to allow me into the apartment to get the pet and its food, bed, etc. I have permission to remove the pet from the premises and make all decisions necessary related to the care and health of this pet/animal.

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone # _____ Work Phone # _____
Cell Phone # _____ Other Phone # _____

Signature Of Designated Pet/Animal Caregiver _____ Date _____

Resident Signature _____ Date _____

Assistance Animal (No Pet Fee Required) Pet Approved Pet Not Approved

Pet Fee: Amount Paid \$ _____ Check/MO# _____ Date _____

Signature - Negaunee Housing Commission Representative _____

Original Annual