

THE POLK COUNTY HOUSING AUTHORITY

PET AGREEMENT

This Pet Agreement, when executed, becomes an attachment to the Dwelling Lease between \_\_\_\_\_ and the Polk County Housing Authority.

I, \_\_\_\_\_, certify that:

I have read and received an explanation and understand the Provisions of the Pet Policy and rules of the Polk County Housing Authority and agree to comply fully with stipulated provisions;

I understand that violation of these rules may constitute cause for the removal of my pet from the premises, and/or termination of my tenancy; and I accept complete responsibility for the care and cleaning of the pet and my Dwelling Unit # \_\_\_\_\_ (Resident's initials).

When required by the Polk County Housing Authority to remove my pet from the premises, for cause, I agree to accomplish this removal and understand that failure to do so may constitute cause for the initiation of an eviction proceeding.

In the event I want to substitute pets, or if the pet is removed from the unit, or if I add another pet, I realize I will have to reapply for approval of the new pet.

I further understand the terms of hold harmless and indemnification to include, but not limited to:

Each family of the dwelling unit shall hold harmless, and indemnify against injury and damage to the Polk County Housing Authority, its representatives, agents, employees and contractors from any of the following:

a. Loss/Injury to a Pet: The PCHA shall not be responsible for the loss or expiration of the life of any pet. During a housing authority unit examination, each and every pet shall be maintained in a cage or locked in a room during the inspection or work period.

b. Loss/Injury by a Pet: If any other person is harmed or is caused to be harmed by the actions of any pet, the owner/applicant of the pet shall indemnify the Housing authority, it's representatives, agents, employees and contractors from any and all liability, court costs, attorney fees and any other costs the court deems just and proper. The lessee shall save harmless the Polk County Housing Authority against claims for injuries to persons or property on the premises.

NAME OF RESIDENT (print): \_\_\_\_\_

ADDRESS (DWELLING UNIT #): \_\_\_\_\_

COMPLEX NAME: \_\_\_\_\_

SIGNATURE AND DATE: \_\_\_\_\_ / \_\_\_\_\_

THE ABOVE NAMED HAS READ, UNDERSTOOD, AND SIGNED THESE RULES IN MY PRESENCE:

EXECUTIVE DIRECTOR OR DESIGNEE: \_\_\_\_\_ / \_\_\_\_\_

THE POLK COUNTY HOUSING AUTHORITY  
509 South Morrow Street  
Mena, AR 71953

**APPLICATION TO HAVE A PET**

1. Resident: \_\_\_\_\_
2. Dwelling Unit #: \_\_\_\_\_ Complex Name: \_\_\_\_\_
3. Date of Current Dwelling Lease: \_\_\_\_\_
4. Description of Pet: \_\_\_\_\_  
Type of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Weight: \_\_\_\_\_ Estimated Weight & Height at maturity: \_\_\_\_\_ / \_\_\_\_\_  
Aquarium size (If applicable): \_\_\_\_\_, Type of fish (If applicable): \_\_\_\_\_
5. Name and address of veterinarian: \_\_\_\_\_  
\_\_\_\_\_  
License number: \_\_\_\_\_
6. If dog or cat - date of neutering or spaying: \_\_\_\_\_, \_\_\_\_\_
7. Has your pet lived in rental housing before? // Yes, // No. If yes, name and phone number of landlord:  
\_\_\_\_\_
8. Has your pet ever bitten or injured anyone? If so, describe the incident: \_\_\_\_\_  
\_\_\_\_\_

This application must be completed and returned when application is made for the keeping of a pet at the PCHA, along with two (2) affidavits of Pet Owner's Emergency Absence Agreement. Each must be signed and witnessed by two (2) separate people who are willing to immediately care, and be responsible for; your pet in the event of your absence. The signatures must be notarized.

Each resident of the dwelling unit shall hold harmless and indemnify the PCHA, its representatives, agents, employees and contractors from any of the following:

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**A COLOR PHOTO OF THE PET MUST BE PROVIDED WHEN THIS APPLICATION IS TURNED IN FOR APPROVAL.**

A Veterinarian's Certificate must also be completed by a veterinarian and returned with this application.

THIS IS TO CERTIFY THAT ALL INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND I HAVE READ THE PET POLICY CONTAINING RULES AND REGULATIONS AND FULLY UNDERSTAND THIS CONTRACT. I ACCEPT ALL FINANCIAL RESPONSIBILITY FOR MY PET INCLUDED IN THESE RULES AND REGULATIONS AND ANY/ALL DAMAGES/INJURIES THAT MAY OCCUR BECAUSE OF MY PET.

RESIDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

The Polk County Housing Authority  
509 South Morrow Street  
Mena, AR 71953

**PET OWNER'S EMERGENCY ABSENCE AGREEMENT**

I, \_\_\_\_\_

(Non-Resident)

will assume immediate and all responsibility for the pet(s) of: \_\_\_\_\_

who resides at: \_\_\_\_\_

(Name of Complex, Dwelling Unit Number and Street Name)

should an emergency require his/her absence from his/her unit. I also hereby agree to remove the pet from Resident's premises in order to properly care for the pet(s). As the guardian of the pet in the owner's absence, I shall hold harmless and indemnify the Polk County Housing Authority, its representatives, agents, employees and contractors from any of the following:

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1. Name: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_

(Daytime Hours)

(Night Time Hours)

**"I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection. WARNING: Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. 287,1001, 1010, 1012; 31 U.S.C. 3279, 3802)"**

Signed this \_\_\_\_\_ Day of (Month/Year) \_\_\_\_\_

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2. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_  
(Daytime Hours) (Night Time Hours)

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Signed this \_\_\_\_\_ Day of (Month/Year) \_\_\_\_\_