



Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404
812-339-3491 fax 812-339-7177

City of Bloomington Housing Authority Pet Contract

I, _____, hereby apply for permission to keep:

Pet name: _____

Pet description: _____

I assume full liability for, and the Bloomington Housing Authority will be guiltless from, all claims or damages which may arise from my pet ownership and keeping of said pet and the conduct of said pet. **I am at a full understanding of all the rules stated in the pet policy and that violation of the pet policy will result in termination of this signed agreement in its entirety, and the pet will be removed from my unit immediately.**

Signature _____ Date _____

The resident/pet owner will be required to designate two (2) responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

Responsible parties

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

The permit requested is granted, completely subject to conformance with the rules listed in the pet policy. It is Understood that this permit can and will be revoked for violation of the BHA pet policy.

By _____ Date _____

BHA staff will not sign this until all of the requirements below are met and each item is checked off with their initials.

Signed contract

Inoculations

Deposit

Picture of pet