



# HINGHAM HOUSING AUTHORITY

30 THAXTER STREET  
HINGHAM, MASSACHUSETTS 02043

James N. Marathas  
Executive Director  
Telephone: (781) 741-1417  
Fax: (781) 741-9888

## PET RIDER

This Pet Rider to the Lease between \_\_\_\_\_ (tenant) and the Hingham Housing Authority (management) is made part of the lease entered into between said parties. I (tenant) have read and understand the provision of Hingham Housing Authority's Pet Policy and understand that violation of any provisions is grounds for removal of the Pet and termination of my tenancy. I acknowledge having received a copy of said Pet Policy.

Tenant must appoint two individuals that are not already on the tenant's lease and are also not current tenants of the HHA, to act as Pet Caretakers. The Pet Caretaker will provide a home to the pet and assume all responsibilities for proper care of pet should the tenant become unable to do so.

I, \_\_\_\_\_ (Pet Caretake #1) agree to act as a Pet Caretaker for the pet of the above individual. I have received a copy of the HHA's Pet Policy and a copy of this Pet Rider and understand the responsibilities that I am assuming by accepting this designation.

\_\_\_\_\_  
Signature of Pet Caretaker #1

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tel. No.

\_\_\_\_\_  
Date

I, \_\_\_\_\_ (Pet Caretake #2) agree to act as a Pet Caretaker for the pet of the above individual. I have received a copy of the HHA's Pet Policy and a copy of this Pet Rider and understand the responsibilities that I am assuming by accepting this designation.

\_\_\_\_\_  
Signature of Pet Caretaker #2

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tel. No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature and Date

\_\_\_\_\_  
HHA Representative and Date



EQUAL HOUSING OPPORTUNITY

## DESCRIPTION OF ANIMAL

Breed of Cat or Dog: \_\_\_\_\_

Name of Pet: \_\_\_\_\_

Identifying marks: \_\_\_\_\_

## MEASUREMENTS

Length: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Photograph of Animal:

Please attach two (2) color photos



EQUAL HOUSING OPPORTUNITY

**Veterinarian/Animal Shelter Statement**

To be submitted in order to help evaluate tenant's request for pet ownership at the Hingham Housing Authority

**To be completed by tenant:**

Name of Tenant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name of Pet: \_\_\_\_\_

**To be completed by Veterinarian/Animal Shelter**

Name of Veterinarian/Official: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Type and Breed of Pet: \_\_\_\_\_

Age: Years/Months: \_\_\_\_\_

Weight at Maturity: \_\_\_\_\_

How long have you cared for the above pet? \_\_\_\_\_

In your opinion does the pet show any signs of aggressiveness or viciousness that would make the pet unsuitable for living in a dense multi-family housing development? Please explain.

---

---

In your opinion is the above tenant a responsible pet owner? Please explain if you cannot give an opinion.

---

---

---



EQUAL HOUSING OPPORTUNITY

Pets are required to be spayed/neutered to be current in the following vaccines to be in compliance with the Hingham Housing Authority Pet Policy. Please indicate the spay/neuter date if known and date of expiration of vaccinations below:

	DOG	Expirations Date	CAT	Expiration Date
Spay/Neuter				
Rabies				
Distemper				
Parvo				
Kennel Cough				

---

Signature of Veterinarian or Animal Shelter Official

Date



EQUAL HOUSING OPPORTUNITY