

**REQUEST/AUTHORIZATION  
FOR ANIMAL OWNERSHIP FORM**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type/Breed of Animal: \_\_\_\_\_ Animal Name: \_\_\_\_\_

Spayed/Neutered: YES OR NO If No, Vet appt. scheduled: YES OR NO

If YES, when: \_\_\_\_\_ If No, reason why: \_\_\_\_\_

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

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

Emergency Caregiver name: \_\_\_\_\_

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

Please attach the following to this form:

- Picture of Animal
- Veterinarian Shot Records/Rabies Certification
- Neuter/Spade Certification
- Proof of current Chippewa County Dog License
- \$100.00 Animal Administration Fee (check or money order only)

Other: \_\_\_\_\_

**I have read and understand the rules governing animals and I and all members of my household agree to fully comply with the SSMHC Animal Policy.**

Signature of Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Tenant: \_\_\_\_\_ Date: \_\_\_\_\_



**OFFICE USE ONLY:**

1. Has tenant had past or present housekeeping issues? Yes No  
\_\_\_\_\_
2. Has tenant had late rent payments in last 12 months? Yes No  
\_\_\_\_\_
3. Is Tenant current on account? Yes No  
\_\_\_\_\_
4. Has tenant has LV for previously having an unauthorized animal in unit? Yes No  
\_\_\_\_\_

Request has been:    Approved    Denied

If denied, reason why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If Tenant has been approved: All attached paperwork must be completed and returned to the Sault Ste. Marie Housing Office front desk by \_\_\_\_\_ or approval will be revoked.**

Other Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SSMHC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_