



Housing Authority of the City of Eastman

824 Griffin Avenue, SW
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Eastman, Georgia 31023
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800.255.0056 (TDD)
Michelle Butler, Executive Director

AUTHORIZATION FOR PET OWNERSHIP FORM

Pet Owner's Name: _____

Pet Owner's Address & Apt # _____

Home Telephone: _____ Work Telephone: _____

Pet's Name _____ Type or Breed: _____

Spayed or Neutered (Circle One) Date: _____

License or ID Number: _____

Veterinarian Utilized: _____

Address: _____ Phone #: _____

Emergency Caregiver for the Pet: _____

Address: _____ Phone #: _____

I have read and understand the rules governing pets and I and all members of my household promise to fully comply.

Signature of Pet Owner: _____ Date: _____

EHA Staff Representative: _____ Date: _____

Please attach to this form the following:

- Picture of the Pet
- Rabies Certification

EHA pre-approval/denial of Pet Ownership within housing authority property:

Approved: _____ Date: _____

Disapproved: _____ Date: _____

