

PET AGREEMENT

Section I Resident Information	1. Resident's Name (<i>Last, First, MI</i>):		2. Rank:	3. Resident's Permanent Duty Station	
	4. Resident's Qtrs:		Remarks:		

Section II Type of Pet	6. Type of Pet (<i>i.e. Dog, Black Lab / Cat, brown/white mix</i>)	7. Animal's Name	8. License/Vaccination Date	9. Sex	10. Age
	1.				
	2.				

Section III – Terms and Conditions

By submitting this document I am requesting permission to maintain the above described pet(s) in my assigned government quarters. I have read and agree to abide by the pet regulations stipulated in the U.S. Coast Guard Greater Antilles Section Instruction M11101.1F (series) and any additional regulations listed below.

1. I am allowed a maximum of two dogs, **or** two cats, **or one of each**, which I have identified in Section II above.
2. I am allowed a **reasonable number** of other pets, such as caged birds, fish, hamsters and the like. Barnyard and exotic species such as rabbits, chickens, snakes, lizards, etc. are not allowed.
3. I must keep my dog(s) restrained on a leash when I either walk my pet(s) or when outside of my dwelling. I will not leave my dog(s) outside of my fenced yard unattended.
4. I must adhere to all local animal control ordinances, including licensing requirements and vaccinations. It is my responsibility to update my Housing records verifying they reflect accurate/current pet information.
5. I will maintain the area where my pet(s) are kept in a sanitary condition at all times.
6. I will ensure my pet(s) shall not be a public hazard or nuisance and will be under control at all times. I understand if my animal bites or menaces a person or another animal, I will be ordered to permanently remove my pet from the housing area within five days and I may lose my pet privilege.
7. I understand the breeding/raising of animals of any species is prohibited. I am aware accidental litters which would exceed the total number of two (2) pets must be removed by the age of 10 weeks.
8. I understand that even though I may have someone care for my pet(s) in my absence, I am still fully responsible for my pet(s) and their actions.
9. I understand it is my responsibility to exterminate fleas/ticks in my yard and in my unit. At the time I vacate my assigned quarters, I will ensure there is no flea infestation. If fleas are not properly/adequately exterminated, I understand I will be held financially responsible for an adequate extermination. I further understand I may be held financially responsible to eliminate the problem of lingering pet odors or pest infestations detected within 60 days of my final inspection.
10. I understand a random yearly pet/house cleanliness inspection will be performed at my quarters by the Housing Office staff. I also understand "just cause" inspections may be conducted at any time.

Section IV – Agreement/Acknowledgement

Should any damage occur as a result of my pet's actions, the Housing Authority has my permission to restore my quarters and charge me the costs incurred. I agree to immediately pay these costs and in the event I fail to do so, the Housing Authority has my permission to place a pay adjustment authorization against my pay for the restoration cost. By signing this document I agree to abide by all regulations stipulated. I understand the Housing Authority reserves the right to revoke my pet privilege or my privilege to reside in government quarters for failing to abide by any of these regulations.

Resident's Signature:	Date:
Housing Office Representative's Signature	Date: