HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

INITIAL AND ANNUAL ANIMAL REGISTRATION

HACLA

☐ **INITIAL** ☐ **ANNUAL**

IF INITIAL REGISTRATION for DOG or CAT,
ATTACH A PHOTOGRAPH OF THE ANIMAL

Date _____
Cal/Manager Code _____
Unit No._____
Client No._____
Review Month _____

COMPLETE A SEPARATE FORM FOR EACH ANIMAL, PRIOR TO BEING KEPT IN THE UNIT. UPDATE INFORMATION ANNUALLY DURING ANNUAL RE-CERTIFICATION PROCESS.

Name of Resident: _____

Type of Animal: ☐ Dog ☐ Cat ☐ Bird ☐ Fish ☐ Other _____

Classification of Animal: ☐ Pet ☐ Companion Animal

☐ Assistive Animal: please circle: Guide Signal Service Other

Name of Animal: _____ Age (approx.): _____

Breed or Variety: _____ Size/Weight: _____

Color and/or prominent markings: _____

VERIFICATIONS CHECKLIST: *copy documents provided; answer Yes, No or N/A to each item*

☐ REASONABLE ACCOMODATION: (Initial Registration only): ☐YES ☐ NO ☐ N/A

Which family member requires the Assistance Animal or Companion Animal?

Name: _____ Relationship: _____

☐ SPAY / NEUTER (dog or cat): ☐ YES ☐ NO ☐ N/A

☐ INOCULATIONS / VACCINATIONS (dog or cat): ☐ YES ☐ NO ☐ N/A

☐ LICENSE (dog only): ☐ YES ☐ NO ☐ N/A

VETERINARIAN:

Name: _____ Phone Number: _____

Address: _____

EMERGENCY CONTACT PERSONS: (other than household members) who will care for the animal in the event of the death or incapacity of the Resident:

1. Name: _____ Relationship: _____

Phone Number: _____ Address: _____

2. Name: _____ Relationship: _____

Phone Number: _____ Address: _____

_____ _____

Signature of Resident Date

For HACLA use only

For Dogs/Cats only: STICKER # _____ ISSUE DATE: _____

APPROVED BY: _____ DATE: _____

HACLA Staff Signature