

NYCHA 040.505A (Rev. 8/06) DOG AND CAT VETERINARIAN CERTIFICATION	NEW YORK CITY HOUSING AUTHORITY	FOR OFFICE USE ONLY PET TRACKING # _____
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TENANT OF RECORD _____	STREET ADDRESS _____	ACCOUNT # (9 digit) _____
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NOTE TO TENANT

After you submit the Dog and Cat Registration form to NYCHA, bring your pet to a veterinarian for examination and ask the veterinarian to complete this form.

You must return the completed form to your management office no later than _____
 (90 days after form is given to tenant).

You will not have to submit a new Veterinarian form again unless you get a new pet. However, you are required by the New York City Department of Health and Mental Hygiene to have your dog or cat revaccinated upon expiration of the vaccination certificate.

PET DESCRIPTION			
PET TYPE	PET'S DATE OF BIRTH	BREED	
<input type="checkbox"/> DOG <input type="checkbox"/> CAT	DESCRIPTION (e.g., color, markings)		
	CURRENT WEIGHT _____ LBS.	EXPECTED WEIGHT WHEN FULLY-GROWN _____ LBS.	

HEALTH REQUIREMENTS
NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE DOG LICENSE NUMBER _____ (A dog must be licensed and must wear its license tag when in public)
SPAYED OR NEUTERED <input type="checkbox"/> NO <input type="checkbox"/> YES (Dogs and cats must be spayed or neutered)
RABIES VACCINATION CURRENT <input type="checkbox"/> NO <input type="checkbox"/> YES – TAG # _____ (Dogs and cats must have a current rabies vaccination)

VETERINARIAN CERTIFICATION	
I, the undersigned veterinarian, examined the above described pet and certify that the information given is accurate.	
NAME OF VETERINARIAN _____	
PROFESSIONAL LICENSE # _____	
BUSINESS ADDRESS _____	
TELEPHONE # (_____) _____	
SIGNATURE _____	DATE _____