PRIVACY ACT STATEMENT: AUTHORITY U.S.C. 3101 (Executive Order 9397) This request is for your private information , including social security number and personal history information, is to assist our office in determining eligibility for services, compliance with state and federal law, and related purposes.

ROUTINE USE (S): Information provided is used to determine eligibility for housing and for other lawful purposes.

MANDATORY/VOLUNTARY DISCLOSURE CONSEQUENCES OF REFUSAL TO DISCLOSE: Disclose of personal historical information is voluntary and there will be no adverse consequences from refusal to disclose. However, refusal to provide necessary background information may preclude your occupancy in housing.

PET REGISTRATION ADDENDUM

Name _____ **Date** _____
(SVM Last name, First name, MI)

Address: _____

1. Do you have any pets? (Circle choice) **YES** **NO**
(If you answered no, sign and turn in form)

2. How many pets do you have? _____

3. Prohibited canine breeds are described as dogs that possess dominant traits of aggression. The following contains a list of prohibited canine breeds. Full or mix breed of:

a. Pit Bull
b. Rottweiler
c. Wolf Hybrid
d. Any canine breed with dominant traits of aggression and presents an unreasonable risk to the health and safety of residents assigned to privatized quarters.

4. #_____ Prohibited Breeds #_____ Non Prohibited Breeds

PET INFORMATION **(Circle Answers)**

PET #1 Type of Pet: **CAT / DOG**

If DOG, state BREED: _____

Is pet registered with the Animal Control Office? **YES** **NO**

Have you submitted a copy of registration to the Military Housing Office? **YES** **NO**

Have you submitted a copy of registration to the Privatized Partner? **YES** **NO**

PET #2 Type of Pet: **CAT / DOG**

If DOG, state BREED: _____

Is pet registered with the Animal Control Office? **YES** **NO**

Have you submitted a copy of registration to the Military Housing Office? **YES** **NO**

Have you submitted a copy of registration to the Privatized Partner? **YES** **NO**

Signature: _____