## **Mission Manor Pet Survey**

The Mission Manor Pet Policy is available for review online at: https://www.missionmanor.org/reports-and-policies.php

This Pet Survey must be completed annually as part of the legally mandated community occupancy census which verifies certain information which determines eligibility to live with a 55+ Community like Mission Manor.

All owners of animals in Mission Manor must abide by the City of Mission Code of Ordinances, specifically "<u>Article III Dogs, Cats,</u> <u>other Domestic, captive animals</u>" which states in part: "all dogs and cats over 4 months of age must be vaccinated, licensed and tagged" (City of Mission Ordinance Sec. 14-10).

Failure to complete the required forms within the time stated may result in fine(s) as well as loss of owner member's privileges (and the right to transfer privileges to renter/lessee) including use of the common area and amenities until compliance is achieved.

New owner members and all renter/lessees are required to complete the community census, including this Pet Survey, PRIOR to moving in to their Mission Manor home. Owners are responsible for submission of reports by their tenants.

			202		
Mission Manor street address:					_ Lot #
Name of owner member: printe	ed:				
Name of renter(s) lessee(s) (if an	y) printed				
	printed				
Number maximum number of pets per re					n 40 pounds.
Total number of animals at this a	address: 1	_ 2 Number of	dogs 1 2	Number of ca	ts 1 2
City of Mission Pet Code (Code of Ordinances weight and required shots; be spayed or neute Texans or tenants with a rental or lease agreen competent government authority of their non-	ered; have a license ment of less than 6 r	tag issued to each animal by the months whose domicile, or lega	e City of Mission. Missi al residence <u>, is not Miss</u>	ion Manor Pet polic i <u>ion</u> , <u>Texas</u> , such pet	y states that, for winte
Pet tag number: Issui	ing agency:				state:
Health Certificate (attach copy) issu	ied by:				_date:
address of issuer:		city		state	zip
Stated weight of animal #1 :	lbs	description of anir	nal		
Date of spay or neuter:	Date chip	implanted:	_ chip number	(if known)	
Stated weight of animal #1 : Date of spay or neuter: Stated weight of animal #2 : Date of spay or neuter:	Date chip	implanted: description of anir	_ chip number ( nal	(if known)	
Date of spay or neuter: Stated weight of animal #2 :	Date chip Ibs Date chip re information is	implanted: description of anir implanted: s true and accurate. I fu	chip number ( nal chip number ( rther state and aff	(if known) (if known) irm that I have	been made aware
Date of spay or neuter: Stated weight of animal #2 : Date of spay or neuter: I (we) state and affirm that the abov	Date chip Ibs Date chip re information is ocated on the v	implanted: description of anir implanted: s true and accurate. I fu vebsite www.missionma	chip number ( nal chip number ( rther state and aff nor.org and under	(if known) (if known) irm that I have istand my obliga	been made aware

Completed form received by Mission Manor this \_\_\_\_\_ day of \_\_\_\_\_ 202\_\_\_

Financial Secretary