



Application to Bring Your Pet to Work

Owner's name: _____ Department: _____

Hire date: _____

PET PROFILE

Pet's Name: _____ Breed: _____ Age*: _____

How long have you owned him/her? _____ Is this your first pet? **Y/N**

Spayed/Neutered*? **Y/N** Age at time of Spay/Neuter: _____ **Male/Female** (circle)

Does your pet receive monthly meds for flea prevention? **Y/N**

How often is your pet fed? _____ Any food restrictions: _____

Any food allergies? **Y/N** Reaction(s): _____

Does your pet have any treat restrictions? _____

Is your pet on any medications? **Y/N** If so, explain: _____

Does your pet have problems with fleas? **Y/N**

Does your pet have any past or current health concerns? **Y/N** If yes, explain:

Is your pet current with the following vaccinations? **Y/N**

FVRCP** (cat only) Administered Date _____ Expiration Date _____

DDHP** (dog only) Administered Date _____ Expiration Date _____

Rabies** (both) Administered Date _____ Expiration Date _____

Bordetella** (dog only) Administered Date _____ Expiration Date _____

Are you willing to submit proof each year of routine vaccination updates? **Y/N**

* Pets must be 4+ months of age before coming to the office. They must be spayed/neutered by 6 months old.

**Required or/else 'Titre testing' should be done annually if being used in lieu of vaccinations.



Application

Is your pet house trained? **Y/N** If no, explain: _____

Describe your pet's demeanor while riding in the car: Enjoys / Dislikes / Neutral

Does your pet defecate or vomit while riding in the car? **Y/N**

Has your pet ever displayed any aggressive tendencies (growling, lunging, nipping, biting, etc) towards humans or pets? **Y/N** If yes, explain: _____

Has your pet received any formal training? **Y/N** If yes, explain: _____

Describe any regular social environments experienced by your pet: _____

Does your pet respond well to verbal commands? **Y/N**

Is your pet used to crowded settings with **humans**? _____

Is your pet used to crowded settings with **pets**? _____

Is your pet hyperactive? Be specific: _____

Do you anticipate chewing problems (wires, trash, food, etc)? _____

In what situations is your pet prone to bark? _____



Application

1. Are you willing to accept liability and sign a liability waiver releasing <Company Name> from responsibility of damage to company or co-worker property? **Y / N**
2. Are you willing to accept responsibility if your pet is found to be the aggressor of a fight? **Y / N**
3. Are you willing to accept responsibility if your pet bites another pet or person in the workplace? **Y / N**
4. Are you willing to tune in to co-worker cues about your pet and to accept input about your pet without defensiveness? **Y / N**
5. Did you disclose all pertinent health or behavioral concerns? **Y / N**
Please explain any other information that we should be aware of:

Employee Signature

Printed Name

Date