

## Employee Request for Dog in the Workplace: Part 1

Employee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Office: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed(s): \_\_\_\_\_

Color(s): \_\_\_\_\_ Gender (circle one): M F Age: \_\_\_\_\_

Approx Weight: \_\_\_\_\_ Microchip Brand/Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Tel: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_ \*Attach recent photo of dog showing both head and body.

Designated "Sitter": \_\_\_\_\_ Tel: \_\_\_\_\_

Spayed/Neutered?\* (circle one): Y N (Attach proof or explanation.)

Current Vaccinations? (check all that apply & attach proof)

Rabies\*

Distemper\*\*

Lyme disease^

Bordatella^

Heartworm Prev^ \_\_\_\_\_

Flea/tick control\* \_\_\_\_\_

Current License?\* (circle one): Y N (Attach proof.)

License Number: \_\_\_\_\_ Issuing County/City: \_\_\_\_\_

\* = Required \*\* = Required for dogs under 2 years of age ^ = Recommended

Is your dog completely house-trained? (circle one): Y N Is your dog well-behaved? (circle one): Y N

Has your dog ever shown aggression toward humans (e.g., growling, threatening, biting)? (circle one): Y N

Is there any reason why your dog would not be well-suited for an office environment? (circle one): Y N

If yes, please describe: \_\_\_\_\_

Please state your reasons for wanting to bring your dog to work.

\_\_\_\_\_

\_\_\_\_\_

Schedule for bringing dog to the workplace is (circle all that apply): M T W R F

I confirm that I have read and that I understand each and every provision of HSUS' Dogs in the Workplace Policy, as set forth in The HSUS Employee Handbook. If this "Employee Request for Dog in the Workplace" is approved, I agree to be bound by all terms and conditions of the "Employee Request for Dog in the Workplace", and I expressly authorize the HSUS to withhold from my net biweekly wages any costs that may be incurred by the HSUS as a result of my violation of the Dogs in the Workplace Policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Preliminary Approval (check one): Granted\*  Denied

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Probationary Period: \_\_\_\_\_ to \_\_\_\_\_  
Date Date

*\* Note that approval does not guarantee continued participation in the program. Privileges may be revoked at any time for reasons identified in the Dogs in the Workplace Policy.*