

DOG PERMIT APPLICATION

Name of Employee/Dog Owner		Name of Dog	
Employee Street Address		City, State, Zip Code	
Employee's Contact #	Employee's Secondary Phone #	Employee ID #	
Employee's Emergency Contact Name		Employee's Emergency Contact Phone #	
Dog Breed	Dog Age	Dog Gender	Dog Weight
Name of Preferred Veterinarian			Veterinarian's Phone #:
Street Address of Veterinarian		City, State, Zip Code	

REQUIRED AUTHORIZATIONS

Supervisor Signature

Director of Public Safety Signature

Proof of my dog's licensure and proof of my liability insurance are attached to this application.

I have received a copy of the ESCC Dog-Friendly Workplace Policy and Procedure.

Employee/Dog Owner's Signature

WAIVERS & DECLARATIONS

WAIVER OF LIABILITY for WORKPLACE PET ANIMALS:

In consideration of being permitted to bring my dog to the work place, I _____ (the dog owner) does hereby unconditionally release, indemnify, waive, discharge and agree to hold harmless Edison State Community College from any loss, damage, liability and expense, including court costs and attorney fees, that may be incurred as a result of injuries, including death to persons or dogs, or damage to property, directly or indirectly associated with the owner bringing his/her dog to the work place, whether caused by the negligence of other staff or guests, or otherwise.

Additionally, I am willing accept that my dog may be the aggressor in a fight; willing to accept responsibility for any costs incurred if my dog bites another person or destroys individual or company property, willing to provide evidence of my homeowner's/renter's insurance policy if requested by management, and willing to accept cues from co-workers about my dog's behavior, without defensiveness, if concerns are brought forward to me about my pet.

BY SIGNING THIS AUTHORIZATION AND RELEASE, THE DOG OWNER EXPRESSLY ACKNOWLEDGES AND REPRESENTS that they have carefully read the foregoing terms and conditions, understands the contents thereof and signs voluntarily; they are at least eighteen (18) years of age and fully competent; and executes this Authorization and Release intending that they, their spouse and family members, and their heirs, assigns and personal representatives be legally bound by same.

Signature

Date

Print Name

I declare that my dog has no history of aggressive, dangerous, or vicious behavior and that my dog is able to be social with other people and other dogs.

Signature

Date

Print Name