

## **Dog On-Campus Approval Form**

Staff/Faculty Information		ADMINISTRATIVE USE ONLY	
Date		Tag # Issued:	
Date.		Payment Received:	
Name	:	Documentation:	
		mber):	
I unde	erstand and agree to adhere to the follow	ng:	
<ol> <li>3.</li> <li>4.</li> <li>5.</li> <li>7.</li> </ol>	and properly register my dog will be cat As part of the registration, I agree to prove veterinary records must include proof of spay/neuter, weight, and proof of all control treatment is also required.  I agree to keep my dog crated when ald I agree to provide necessary office sign present.  I must report any incident, bite or other Any dog bite inflicted by my dog will and barred from campus.  I understand that I am personally responsinguries caused to individuals or any day regarding damage or injury also lies with	fety. Failure to pay the semester registration fee suse for my dog being barred from campus. Ovide a photo of my dog and veterinary records; of 1 year ownership, proof of 1.5 year of age, proof inoculations inclusive of rabies. Proof of flea one in an unattended office space. age warning potential visitors that my dog is damage immediately to campus safety. The subject to my dog being permanently removed ensible and assume all financial liability for any mage caused to buildings (reporting responsibility the owner). I will hold Moravian College to be brought against me within the context of	
My si	gnature attests that I agree to the terms a	s listed above:	
Employee Signature		Date	
Supervisor Approval		Date	
VP Approval		Date	