



ADMINISTRATIVE USE ONLY	
Tag # Issued:	
Payment Received:	
Documentation:	

Dog On-Campus Approval Form

Staff/Faculty Information

Date _____

Name _____

Office Location (Building, floor and room number) _____

I understand and agree to adhere to the following:

1. I have read, understand and will adhere to Moravian’s Dog Friendly Policy.
2. I must register my dog with campus safety. Failure to pay the semester registration fee and properly register my dog will be cause for my dog being barred from campus.
3. As part of the registration, I agree to provide a photo of my dog and veterinary records; veterinary records must include proof of 1 year ownership, proof of 1.5 year of age, proof of spay/neuter, weight, and proof of all inoculations inclusive of rabies. Proof of flea control treatment is also required.
4. I agree to keep my dog crated when alone in an unattended office space.
5. I agree to provide necessary office signage warning potential visitors that my dog is present.
6. I must report any incident, bite or other damage immediately to campus safety.
7. Any dog bite inflicted by my dog will be subject to my dog being permanently removed and barred from campus.
8. I understand that I am personally responsible and assume all financial liability for any injuries caused to individuals or any damage caused to buildings (reporting responsibility regarding damage or injury also lies with the owner). I will hold Moravian College harmless regarding any action that may be brought against me within the context of physical or property damage my dog might cause.

My signature attests that I agree to the terms as listed above:

Employee Signature

Date

Director/Chair Approval

Date

VP Approval

Date

