

LFS Pet Policy Agreement

Name: _____

Business Title: _____

Office /Unit: _____

Pet's Name: _____

Effective Date: _____

I have reviewed the [LFS Pet Policy](#) and agree to abide by these guidelines.

Employee Signature

Date

Supervisor Signature

Date

If you work in an open/shared office space, please have your co-workers indicate their agreement to having your pet occupy the shared space:

Co-worker's signature

Date

Co-worker's signature

Date

Co-worker's signature

Date

Please submit the completed form to the LFS Dean's Office, MCML 248.

Notes:

- Current license and vaccinations must be made available upon request.
- A new agreement must be signed when the pet owner reports to a new supervisor or assumes a new position within the building.