

Dogs at Work Employee Application Form



Dog's Call Name: _____

CGC Certification & Date: _____

Breed: _____ Sex: _____ Date of Birth: _____

Employee's Department/Company: _____

Dog's Designated Buddy: _____

As a responsible dog owner, I agree to be held accountable for my dog's health, safety, and quality of life. I will make certain that my dog's actions are not disruptive to the workplace, to co-workers, other tenants, or to visitors. I agree to take full responsibility for any damages, accidents, or injuries caused by my dog while in the workplace or on the grounds of the workplace. I acknowledge that failing to abide by the above-described conditions will make my dog ineligible to be allowed in the building.

Documents Attached

- Copy of CGC Certification
- Copy of Employee's Renter's or Homeowner's Insurance Liability
- Copy of Health Records
- Photo of Dog (for desk certificate)

Employee Name (Print): _____

Employee Signature: _____ Date: _____



Approved: _____ Effective: _____ Expires: _____

