



School of Population and Public Health

Dogs in the Workplace Agreement

Owner Information

Dog Owner's Name:

Office Number/Workspace area:

Phone: Email:

Dog Information

Dog's Name: Breed:
Age: Sex: Weight:
Most recent date of vaccinations:

This agreement is effective as of:

I have reviewed the SPPH's *Dogs in the Workplace Policy* and am aware of dog free zones. I agree to abide by this policy.

_____ _____
Dog Owner's Signature Date

If you share an office, please have your co-workers complete the following:

_____ _____
Co-workers in shared workspace signature Date

_____ _____
Co-workers in shared workspace signature Date

_____ _____
Co-workers in shared workspace signature Date

Please submit signed agreement to the SPPH Human Resources Manager, Room 115, for review and approval. If concerns arise, the application will be reviewed by members of the H&S and CRR committees.

_____ _____
H&SC Co-Chair Signature Date