

**Sarah Lawrence College**  
**Employee Pet Registration Form**

**Employee Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Office Location:** \_\_\_\_\_

**Type of Pet:** \_\_\_\_\_ **Breed of Pet:** \_\_\_\_\_

**Name of Pet:** \_\_\_\_\_ **Color of Pet:** \_\_\_\_\_

I have read the **Employee Pet Policy** and agree to my responsibilities regarding the care of my pet on campus. I am aware that I am responsible for the cost for any damage or injury caused by my pet and for any extra cleaning cost associate with having my pet in my office. I understand that if I violate the Employee Pet Policy, my pet may no longer be permitted on Sarah Lawrence grounds or in my office on campus.

**Employee Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**FOR COMPLETION BY HUMAN RESOURCES**

- Health / Vaccination Record Produced
- Picture of Pet Provided
- Supervisor or Provost's Office approval confirmed