

City Dog Friendly Policy Application

Owner's Name: _____ **Department:** _____

The following information is being requested to evaluate if your dog is a good fit for the office environment. While you may love your dog, its behavior or needs may not be conducive to a productive work environment. It is important that this form be filled in completely and accurately. Inaccuracies or omissions may be grounds to exclude your dog from the work place.

DOG PROFILE

Dog's Name: _____ Breed: _____ Age*: _____

How long have you owned him/her? _____ Is this your first dog? Yes No

Spayed/Neutered*? Yes No Age at time of Spay/Neuter: _____ Male Female

How often is your dog fed? _____ Any food restrictions: _____

Any food allergies? Yes No Reactions? _____

Does your dog have any treat restrictions? _____

Is your dog on any medications? Yes No If so, explain: _____

Does your dog have problems with fleas? Yes No

Does your dog receive monthly medications for flea prevention? Yes No

Does your dog have any past or current health concerns? Yes No If yes, explain: _____

Is your dog current with the following vaccinations? Yes No

DDHP** Administered Date: __/__/____ Expiration Date: __/__/____

Rabies** Administered Date: __/__/____ Expiration Date: __/__/____

Bordetella** Administered Date: __/__/____ Expiration Date: __/__/____

You must submit proof each year of routine vaccinations.

Is your dog house trained? Yes No If no, explain: _____

Has your dog ever displayed any aggressive tendencies (growling, lunging, nipping, biting, etc) towards humans or animals? Yes No If yes, explain: _____

*Dogs must be 12+ months of age before coming to the office. They must be spayed/neutered .

**Required or/else 'Titre testing' should be done annually if being used in lieu of vaccinations.

Has your dog received any formal training? Yes No If yes, explain: _____

Describe any regular social environments experienced by your dog: _____

Does your dog respond well to verbal commands? Yes No

Is your dog used to crowded settings with **humans**? _____

Is your dog used to crowded settings with **dogs**? _____

Is your dog hyperactive? Be specific: _____

Do you anticipate chewing problems (wires, trash, food, etc)? _____

In what situations is your dog prone to bark? _____

1. Are you willing to accept liability and sign a liability waiver releasing City of Madison from responsibility of damage to City, County, or co-worker property or injury to another person or animal? Yes No
2. Are you willing to accept responsibility if your dog is found to be the aggressor of a fight? Yes No
3. Are you willing to accept responsibility if your dog bites another dog or person in the workplace? Yes No
4. Are you willing to tune in to co-workers cues about your dog and to accept input about your dog without defensiveness? Yes No
5. Did you disclose all pertinent health or behavioral concerns? Yes No
Please explain any other information that we should be aware of:

Signature and date