

Live-in Staff Pet Agreement



Staff Member/Owner's Name: _____ Banner ID Number: _____

Building: _____ Room Number: _____

Daytime Phone: _____ Alternate/Cell Phone: _____

Animal's Name: _____ Animal Type: _____ Breed: _____

Veterinarian Name: _____ Veterinarian Phone: _____

Emergency Contact: _____ Relation: _____ Phone Number: _____

By identifying the emergency contact person above, I grant them permission to enter my apartment to remove my pet, if needed, as determined by the University in its sole judgment. I understand that this individual will be asked to provide identification and be escorted by appropriate staff to gather the animal and supplies. It is my responsibility to update this record should this designated individual change.

Acknowledgment of Responsibility and Waiver of Liability: This acknowledges that I have read, and I agree that, as a live-in staff member and the owner of the pet indicated on this form, I must comply with the Live-In Staff Pet Policy. I understand that I am solely responsible for the behavior of my pet as well as providing safety and appropriate care for my pet.

I agree that I will be financially responsible for the costs of any cleaning needs or damages resulting from my pet and I will reimburse the University for the full cost to clean and/or repair any damages as needed within fifteen (15) days of notification of a bill. Should my employment at the University terminate prior to my reimbursing the University in full, I hereby authorize [University] to deduct the cost of damages from my final paycheck. I understand that collection agency fees, attorney fees, court costs and other costs and charges necessary for the collection of any amount owed by me and not paid when due are my obligation.

I agree that, in consideration of my ownership of this pet and my use of University or affiliated housing and of my employment status with the University, I hereby for myself, my heirs, executors, administrators, and designee, voluntarily release, forever discharge, waive, and relinquish any and all actions, claims, or causes of action for bodily injury, personal injury, property damage, or wrongful death occurring or arising out of the course and scope of my ownership of the pet, against [University], its trustees, officers, agents, employees and/or students, whether the same shall arise by neglect act of any said persons, or otherwise.

Further, in the event of any claim for bodily injury, property damage, or wrongful death arising out of my ownership of the pet shall be prosecuted against the University, I agree to defend, indemnify, and hold harmless [University] from and against all such claims or causes of action by whomever or wherever made or presented, except for such claims as may arise from or be caused by the willful misconduct of the University.

I understand that these policies/procedures will be reviewed annually and are subject to revision at the University's discretion. Staff will be notified of changes made to these policies/procedures.

Signature: _____ Date: _____

Check List of Requirements Approved by: _____ Date: _____

☐ Picture of Pet ☐ Proof of vaccinations ☐ Proof of license and tags ☐ Insurance Documentation