

**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