

V.2.



PET POLICY REQUEST FORM

Name: _____ Date: _____

Area: _____

Type of pet(s) requested: _____ Breed(s): _____

Projected breed height: _____ Projected breed weight: _____

Most common breed problems/ issues: _____

Veterinarian Name: _____ **Phone:** _____

Location/ Organization from where you will be obtaining the requested pet(s):

Predetermined alternate relocation destination (to be used if the pet needs to be removed from the residence halls):

EMERGENCY CONTACT INFORMATION

(Individual who should be contacted to deal with pet in situations where you cannot be contacted)

Contact Name: _____ Phone: _____

Address: _____

Relation to you: _____

FOR DEPARTMENTAL USE ONLY

Pet Request: Approved Denied Date: _____

Approved by: _____

Rationale: _____

