

Employee Participation Form

Take Your Dog To Work Day®



Employee Name _____

Department _____

Dog Breed/Mix _____ Gender _____ Age _____

Dog's Name _____

Please check all that apply to your pet:

- Disease Free Non-Aggressive Flea/Tick Free
 Spayed/Neutered Housebroken

NOTE: This slip must be signed and returned to your designated Take Your Dog To Work Day Coordinator by _____ in order for you to participate in Take Your Dog To Work Day and/or Take Your Pet To Work Week®.

By signing below, I hereby acknowledge that all information given is true. I agree to abide by the guidelines and rules my company has set forth for Take Your Dog To Work Day. I agree to be responsible for any and all actions of my pet during our participation and will not hold my company or Pet Sitters International or its affiliates and sponsors liable for any personal or property damage resulting from participation in the 2024 Take Your Dog To Work Day, or Take Your Pet to Work Week.

Employee Signature

Date