



**UNIVERSITY OF
GEORGIA**
University Housing
Student Affairs

FULL-TIME STAFF PET REQUEST FORM

| | | | | |
|---------------------------|-----|--|------------------------|--|
| Full-time Staff Member: | | | | |
| Community: | | | Building of Residence: | |
| Type of Animal Requested: | Dog | | Cat | |

Projected Breed:

Predetermined Alternate Location (to be used if the animal needs to be removed from the Residence Halls)

| |
|--|
| |
| |

----- *For Department Use Only* -----

Pet Request: ____Approved ____Denied Date: _____

Rationale for Denial (if necessary):

Approved by: _____

Revised: May 14, 2020
Revised: June 26, 2018



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PET REGISTRATION FORM

| | |
|--------------------------|--|
| Full-Time Staff Member: | |
| Registration Start Date: | |
| Registration End Date: | |

Documentation Checklist:

| | ITEM | NOTES |
|--|---|-------------------------|
| | Apartment Inventory and Condition Sheet | |
| | Deposit | Receipt Attached |

*** All to be provided at time of placement or within one week of placement if not available immediately due to adoption.*

Emergency Contact Information

In case of emergency, who can take possession of the pet?.

| | |
|---------------|--|
| Name: | |
| Phone Number: | |

I have read and understood the University Housing Full-time Staff Pet Policy for the University of Georgia, and I understand that failure to comply may result in the revocation of this registration. .

Signature of staff member: _____ Date: _____

Associate Director's signature: _____ Date: _____