



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)

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 requesting staff member: _____ Date: _____

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

Pet Request: ___ Approved ___ Denied Date: _____

Rationale for Denial (if necessary):

Approved by: _____ Date: _____

Pet check-in

Deposit receipt obtained: _____ Apartment Inventory and Condition Sheet completed _____ Form shared with director of facilities _____

Pet approved to be in residence approved by associate director: _____ Date: _____

Pet check-out

Apartment Inventory and Condition Sheet completed _____ Email to HBHR regarding deposit refund status sent _____

Pet checked out of residence approved by associate director: _____ Date: _____

Submit a picture of the pet to the associate director for assignments so that they can make a note and add the picture in StarRez

Revised and approved by management team: April 26, 2022
Revised: May 14, 2020
Revised: June 26, 2018