



# Authorization and Release

## General Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Location \_\_\_\_\_

Department Head \_\_\_\_\_

Days (per month) pet will be present in the work place \_\_\_\_\_

## Pet Description

Dog      Cat      (circle one)

Breed \_\_\_\_\_

Weight \_\_\_\_\_

Age \_\_\_\_\_

## Medical Information

Pet owner associate agrees to maintain copies of all pertinent pet medical information on premises and agrees to the following minimum requirements:

- All vaccinations, including bordetellosis, are complete and current.
- Parasite control is being done on a routine basis and the animal is free of ticks and fleas.
- Animal has no recent history (6 months) of infection or ringworm.

## Guidelines

The pet owner associate agrees to observe the following guidelines. Authorization is granted at the sole discretion of Nestlé Purina PetCare Company and can be revoked at any time.

- Owner will be solely responsible for all clean-up inside and outside the building.
- Owner will immediately report any accidents to Site Services so appropriate clean-up and disinfectant measures can be taken.
- Owner will not bring any pet to work that has not been fully house trained or trained to use the secondnature brand dog litter system.
- Owner will not bring a pet to work that is ill or behaving abnormally and will remove the pet from the premises if he becomes ill while on company property.
- Owner will not bring a pet to work that has bitten or is aggressive, destructive, excessively vocal or fearful.



# PetsatWork

- Owner must control the pet at all times, using a leash while walking the pet and some form of containment in their work area.
- Owner has sole responsibility for care of the pet while on Company property.
- Owner must keep a supply of plastic bags with ties at all times and is responsible for the appropriate disposal of pet waste.
- No pets will be allowed in the following areas:  
Labs, Pilot Plants, Data Centers, Restrooms, Fitness Center, Company Store, Mother’s Lounge, Medical Dept., Day care, Meeting Space, Food Prep, Serving & Dining Areas

## Waiver of Liability

In consideration of being permitted to bring ones pet to the workplace, pet owner associate does hereby unconditionally RELEASE, WAIVE, DISCHARGE, AND AGREE TO HOLD HARMLESS Nestlé Purina PetCare Company, its subsidiaries and/or affiliated companies, their officers, directors, shareholders, agents, servants, associates and/or their representatives (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of actions arising out of or related to any loss, damage or injury, including death, that may be sustained by any person, pet or property WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES, or otherwise, in connection with or related to associate bringing his (her) pet(s) to the workplace.

Pet owner associate further hereby AGREES TO PROTECT, INDEMNIFY AND HOLD HARMLESS RELEASEES from any loss, damage, liability and expense, including court costs and attorney fees, that may be incurred as a result of injuries, including death to persons or pets, or damage to property, directly or indirectly associated with associate bringing his (her) pet(s) to the workplace, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES, or otherwise.

BY SIGNING THIS AUTHORIZATION AND RELEASE, PET OWNER ASSOCIATE EXPRESSLY ACKNOWLEDGES AND REPRESENTS that he (she) has carefully read the foregoing terms and conditions, understands the contents thereof and signs voluntarily; he (she) is at least eighteen (18) years of age and fully competent; and executes this Authorization and Release intending that he (she), his (her) spouse and family members, and his (her) heirs, assigns and personal representatives if deceased, be legally bound by same.

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ASSOCIATE (Please print document and sign)

DATE

## Department Approval

I have discussed the foregoing Authorization and Release with the pet owner associate and am agreeable to associate bringing his or her pet to the workplace and into my department. I approve this request, subject to associate following these and other departmental guidelines and demonstrating responsible pet ownership.

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DEPARTMENT HEAD (Sign)

DATE

Original will be kept in the associate’s file.