

Pet Walking Authorization Form

Name of Owner: _____
(Print)

Name of Pet: _____

Pet Type: Dog _____ Cat _____ Other (specify) _____

Address: _____

Town or City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____

This form is my authorization to walk my pet outside on campus during the following period(s) of time:

From _____ to _____
Month/day/year Month/day/year

While my pet is on the Ramapo College campus, I agree to the following:

1. The pet will NOT be brought into the interior of any Ramapo building.
2. The pet will not be present at any outdoor campus events. The animal may not enter upon any athletics playing surface or in any way interfere with any College activity.
3. The pet will be restrained by me and will not run freely.
4. I will carry materials with me to ensure that pet waste is not left on the campus and I will dispose of same in appropriate containers.
5. I will be mindful of the fears, allergies, or other concerns some people have about animals and will not allow my pet to come close to other persons on the campus or to their pets without their permission.
6. I understand that if I violate these rules, I may have my pet immediately banned from further access to the campus.
7. No pet will be brought onto campus that is not licensed and immunized according to the law's requirements.

Pet Owner's Signature

Date

Authorizing Signature

Date