Annual Application for CVM Personal Pet Permit
Date (please fill in years): October_____to October_____
https://intranet.ahc.umn.edu/petpolicy/index.html

1. **Name**: _____ **e-mail address** _____@umn.edu

2. **Position**: ☐ Faculty ☐ House officer (Resident or Intern) ☐ Staff ☐ Student
   Department: ☐ Admin ☐ VBS ☐ VCS ☐ TRC ☐ VDL ☐ VMC ☐ VPM
   Shift: ☐ 1st (7a-4p) ☐ 2nd (4p-11p) ☐ 3rd (11p-7a)
   CVM Student: ☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th Year

3. **Pet information**: **(please complete a separate form for each pet)**

   Name: _____ Breed:_____ Weight:_____ Color: _____

4. **Location where animal will be housed while at the CVM**:
   a. ☐ Private or Shared office: Office Number: _____
      Describe space (private office, shared office, etc.)
      _____
   b. ☐ I am requesting housing space in the designated CVM facilities (AKA: "Pet Room"):
      (A250 VTH, $5.00 per kennel per day. Daily housing cards purchased separately)
   c. ☐ I will be housing my pet in the following approved VMC space:
      _____
      (Because of the need to maintain infection control for our hospital patients, a yearly fee of $50 will be incurred for all personal pets kept in VMC space. Personal pets are allowed to be housed in VMC space only in designated areas. See https://intranet.ahc.umn.edu/petpolicy/index.html for more information).

   Is this location (office) shared with/under control of anyone other than yourself? If **YES, ALL OTHER PERSONS UTILIZING THIS SPACE MUST AGREE TO ALLOW THE PET TO BE HOUSED IN THIS SPACE BY SIGNING THIS FORM:**

_____ _____

_____ _____

5. **Fees**: Yearly Permit* ☐ $20.00 faculty/staff ☐ $10.00 student users of pet room

   ☐ I will be housing my pet in VMC space as noted above. (A separate check for $50 is required#)

* Make checks for permits payable to University of Minnesota
# $50.00 per pet yearly maintenance fee is required for any personal pet(s) that are housed in VMC space. Please write a separate check payable to University of Minnesota and give directly to VMC representative.

6. **Vaccination status**: Date of last Rabies vaccine: _____ ☐ 3 yr vaccine ☐ 1 yr vaccine

7. **Signature:** I have read the CVM Policy on Personal Pets on University Grounds and in University Buildings and agree to follow the policies set forth therein. I understand that if I fail to comply with the policy as written, this permit may be revoked. If this permit is revoked, I will not bring my pet onto CVM property except as a scheduled or emergency patient at the veterinary medical center. I accept full responsibility and assume full liability for my pet's actions while on University property. **I further agree to be financially responsible for any damage to University property caused by my pet.** I understand that it is my responsibility to ensure my pet is in good health when coming into contact with other pets on campus and I assume all risk of disease or injury.

_____ _____
Signature Date

Return this completed form and the application fee to your section/department representative (list of current representatives can be found at https://intranet.ahc.umn.edu/petpolicy/index.html or by contacting Sarah Pracht, Pet Committee Chair (prach011@umn.edu)

Application APPROVED/DENIED (circle one)
Date_____Permit Number_____

Pet Policy Committee Member Signature:

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