

Employee Participation Form

Take Your Pet To Work Week®



Employee Name _____

Department _____

Pet's Name _____ Gender _____ Age _____

Type of Pet _____

Please check all that apply to your pet:

☐ Disease Free ☐ Non-Aggressive ☐ Flea/Tick Free ☐ Spayed/Neutered

NOTE: This slip must be signed and returned to your designated Take Your Pet To Work Week Coordinator by _____ in order for you to participate in Take Your Pet To Work Week®.

By signing below, I hereby acknowledge that all information given is true. I agree to abide by the guidelines and rules my company has set forth for Take Your Pet To Work Week. I agree to be responsible for any and all actions of my pet during our participation and will not hold my company or Pet Sitters International or its affiliates and sponsors liable for any personal or property damage resulting from participation in the 2025 Take Your Pet to Work Week.

Employee Signature

Date