



Live-in Staff Pet Agreement

Staff Member/Owner's Name: Banner ID Number:

Building: Room Number:

Daytime Phone: Alternate/Cell Phone:

Animal Name: Animal Type: Breed:

Veterinarian Name: Veterinarian Phone:

Emergency Contact: Relation: Phone Number:

By identifying the emergency contact person above, I grant them permission to enter my apartment to remove my pet in case of any emergency, as determined by the University in its sole judgment. I understand that this individual will be asked to provide identification and be escorted by appropriate RLUH staff to gather the animal and supplies. It is my responsibility to update this record should this designated individual change.

Check List of Requirements

- Picture of Pet Proof of vaccinations Proof of license and tags Insurance Documentation

Acknowledgment of Responsibility and Waiver of Liability: This acknowledges that I have read and I agree that, as a live-in staff member and the owner of the pet indicated on this form, I must comply with the Live-In Staff Pet Policy. I understand that I am solely responsible for the behavior of my pet as well as providing safety and appropriate care for my pet.

I agree that I will be financially responsible for the costs of any cleaning needs or damages resulting from my pet and I will reimburse the University and/or housing provider for the full cost to clean and/or repair any damages as needed within fifteen (15) days of notification of a bill. Should payment in full not be made within fifteen (15) days of the date that I was notified of my obligation to reimburse the University, I hereby authorize Rowan University to deduct from my paycheck the exact amount of my debt. Should my employment at the University terminate prior to my reimbursing the University in full, I hereby authorize Rowan University to deduct from my final paycheck the amount of my debt. I understand that collection agency fees, attorney fees, court costs and other costs and charges necessary for the collection of any amount owed by me and not paid when due are my obligation.

In addition, I agree that, in consideration of my ownership of this pet and my use of Rowan University or affiliated housing and of my employment status with the University, I hereby for myself, my heirs, executors, administrators, and assigns voluntarily release, forever discharge, waive, and relinquish any and all actions, claims, or causes of action for bodily injury, personal injury, property damage, or wrongful death occurring or arising out of the course and scope of my ownership of the pet, against Rowan University, its trustees, officers, agents, employees and/or students, whether the same shall arise by neglect act of any said persons, or otherwise.

Further, in the event any claim for bodily injury, property damage, or wrongful death arising out of my ownership of the pet shall be prosecuted against the University, I agree to defend, indemnify and hold harmless Rowan University from and against any and all such claims or causes of action by whomever or wherever made or presented, except for such claims as may arise from or be caused by the willful misconduct of the University.

Signature: Date: