

PET CARE CENTER BOARDING AGREEMENT

Owner's Name			Grade		Deros	
Unit Address			D/P		H/P	
Mailing Address: PSC _____ BOX _____ APO, AP 96 _____				Date In		Scheduled Out
Emergency Contact Name			D/P		H/P	
Reason:		PCS In		TDY		Other
		PCS Out		Vacation		Quarantine
Canine Vaccinations				Feline Vaccinations		
DA2PPL-CV		Rabies		Bordetella	FCVR-C-P	
					Rabies	
PETS CANNOT BE ACCEPTED IF VACCINATIONS ARE NOT CURRENT, HAVE DISEASES CONTAGIOUS TO HUMANS OR OTHER ANIMALS, OR ARE IN HEAT. PROOF OF VACCINATIONS MUST BE PROVIDED AT THE TIME OF ACCEPTANCE.						
Pet's Name			Breed		Age	Sex
Coloring / Description					Weight	
Medical History:						
Medication/Vitamins Needed:						
Eating and Schedule Habits:						
Is your pet aggressive towards other animals or people?:			Yes	No		
Does your pet have food aggression?:			Yes	No		
Has your pet ever attacked, chased, or bitten another animal or person?					Yes	No
Does your pet jump or climb fences?			Yes	No		
Is there any other important information regarding your pet's behavior we should be aware of?					Yes	No
If yes, please provide details:						
Date Out/Time Out		Rate	Days	Boarding Charge		Additional Charges
						Total Charges

1. This is an agreement between FSS Pet Care Center (PCC) and the undersigned ("Owner") to whom pet care services will be provided.

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2. PCC agrees to provide the following services: A. Kennel boarding. B. Feeding of pet(s) daily. C. A sanitary facility. D. Exercising of pet(s) daily. E. Medical attention, when required under our care, caretaker will contact the owner or emergency contact to arrange for on base or off base emergency Veterinary service. In an emergency situation where the owner or emergency contact cannot be located, the caretaker will arrange medical treatment. The owner of the pet hereby agrees to pay for any such professional Veterinary care provided during the pet(s) stay in the PCF.

3. If there are any indications of owner's pet having a contagious illness, or if a female is in their heat cycle, the owner or emergency contact will be contacted and asked to remove their pet immediately and be advised to seek treatment if required. Furthermore, if for any reason the pet demonstrates any condition or behavior that is not conducive with boarding in a pet care facility the owner or emergency contact will be required to remove the pet from our facility immediately.

4. Standard precautions will be used to prevent injury, escape, or death of pets. The PCC and staff will not be held liable for any incidents, **injuries, or death of boarded pets**, provided standard care and precautions have been followed. If a pet(s) dies in our kennel, the owner must immediately arrange for its removal.

5. To prevent the transmission of diseases carried by ticks and fleas, owner authorizes caretaker to apply a flea/tick powder (approved by the Veterinarian) on the pet(s) at the time they are received, or certifies that the pet has been treated for flea/ticks within five (5) days prior to admission to the kennel: **NOTE: PCF RESERVES THE RIGHT TO APPLY A FLEA/TICK POWDER WHEN DEEMED NECESSARY BY THE PCF CARE TAKER(S)**

CHECK ONE:

- I authorize the caretaker to apply an approved non-toxic flea/tick powder to my pet(s).
- My pet(s) has been treated with a flea/tick powder within the last five (5) days
- I do not authorize the PCF to apply flea/tick powder to my pet(s)

6. Owner agrees to remove pet(s) from the quarantine/boarding area on the scheduled release date. Further boarding may be scheduled if space is available.

7. Payment is expected in full before or upon the release of the pet(s). Payments must be made by: check, money order, cash, or credit card.

8. Owner agrees their pet(s) (if a dog), must wear a durable (no chokers, or pinch) collar to eliminate the possibility of the pet(s) slipping out of the collar while during scheduled exercise.

9. Operating hours are 0830-1200 and 1600-1900 daily. Closed to the public on Holidays (US). Check out time is 12:00 PM (noon). If you pick your pet(s) up before 12:00 PM, you will not be charged for that day. If owner's pet(s) must be released or admitted during non-operating hours, owner must pre-arrange a time with the caretaker, and the owner agrees to pay a \$20.00 fee for after-hours service.

10. I guarantee my pet is current on all vaccinations required by the base veterinarian. Additionally, my pet(s) received the Bordetella (DOG ONLY) vaccine at least five (5) days prior to admission, and to my knowledge is not carrying any diseases contagious to humans or animals. I certify this statement is true to the best of my knowledge, and that I have read, understand, and agree to the conditions of this agreement.

Owner's Signature

Date

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MEMORANDUM OF AGREEMENT

FOR

ANIMALS WITH BEHAVIORAL TRAITS NOT CONDUCTIVE TO PET CARE FACILITIES

This agreement is made and entered into by _____,
(Name)

of _____ on _____ for Pet Boarding Services at
(Installation) (Date)

the 374th Force Support Squadron Pet Care Center, Yokota Air Base, Japan. The Agreement is as follows:

The customer requesting pet boarding services from the Pet Care Center is required to provide a valid emergency contact who will be responsible for all emergency care and removal of the animal from the Pet Care Center should the animal display behavior to include, but not limited to, aggression towards any caretaker or any animal boarded in the facility, or any condition that is not conducive with boarding in a pet care facility.

The 374th Force Support Squadron Pet Care Center reserves the right to remove and refuse further services to any animal deemed harmful to any caretaker or any other animals within the facility.

If the emergency contact fails to comply with the agreed upon responsibilities, the animal may be removed from the facility and placed in an alternate facility at the owner's expense.

IN WITNESS WHEREOF, the Customer and the Pet Care Center have executed this Agreement, this the

_____ day of _____, _____.
(day) (month) (year)

Signature of Customer

Signature of Pet Care Center