



## PAWS ON POST KENNELS BOARDING AGREEMENT

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I attest that I am a military issued photo identification card holder and therefore am eligible to board my pet at the DFMWR Paws on Post Kennels.

Please Initial \_\_\_\_\_

Paws on Post facility hours are Monday-Friday 0700-1800, Saturday 0700-1300, Sunday and Federal Holidays CLOSED.

Please Initial \_\_\_\_\_

I understand that in order to make a reservation, I need to pay a 50% deposit.

Please Initial \_\_\_\_\_

Pick up Hours are 0730-1100 and Drop off Hours 1330-1700 Mon-Fri, and 0700-1230 Sat. (boarding only).

Please Initial \_\_\_\_\_

Paws on Post Daycare hours are 0700-1800 Monday-Friday.

Please Initial \_\_\_\_\_

I understand that I must pay the total balance of the boarding bill upon drop off of my pet(s). If I make changes to my pet's stay within 7 days of the start of the reservation, or during my pet's stay, I understand that I am still financially responsible for the total nights requested. Individuals on orders can make changes or cancellations at any time and will not incur a penalty.

Please Initial \_\_\_\_\_

understand that, with my consent, Kennel personnel may assist in loading or unloading my pet(s), but that I must be able bodied, or provide able bodied assistance, to load and unload the animals as needed.

Please Initial \_\_\_\_\_

I understand that if my pet(s) become aggressive towards Kennel staff at any time staff will contact the alternate point of contact to have the pet(s) picked up immediately and owner will be notified. A refund will not be issued if a dog is removed from the facility due to injury of an employee.

Please Initial \_\_\_\_\_

I acknowledge that the Kennels will fully refund payments if I cancel my reservation at least 7 days prior to the scheduled drop off date. Deposits for reservations canceled within 7 days will be forfeited. I understand that all refunds must be issued in the same manner of payment that they were accepted. Cash may be refunded only on the day it is received. I understand that failure due to "no show" does not constitute justification for a refund. I understand that refunds are not given for early pick up.

Please Initial \_\_\_\_\_

I agree that it is my responsibility to know and provide all medical documentation needed prior to boarding and daycare reservations.

Please Initial \_\_\_\_\_

I understand there are inherent and other risks involved in choosing to board my animal(s) and I have provided an alternate emergency contact info below. I freely and voluntarily assume those risks, including the risk of serious injury or death to the fullest extent allowed by law. I agree to release, hold harmless, and indemnify the US Army DFMWR Paws on Post Kennels for any and all liability for injuries and damages to my pet(s) or to other person(s) or property as a result of my pet(s) behavior.

Please Initial \_\_\_\_\_

I agree that if I am choosing to provide my pets' food, I will deliver it in a labeled non-glass, air-tight container with a functional rubber seal around the lid. Bags of food and raw food diets will not be accepted.

Please Initial \_\_\_\_\_

I agree that if my pet should run out of food it is okay to feed the food offered from Paws On Post and I understand there is a per cup fee per meal.

Please initial \_\_\_\_\_

I understand that there is no guarantee that any personal belongings left with my pet(s) will be returned.

Please initial \_\_\_\_\_

I agree that if determined by Kennel staff, and if emergency POC cannot be contacted, my animal can be transported and treated by veterinarian services, at my cost.

Please Initial \_\_\_\_\_

I agree that if my pet(s) require any medication or supplements, I will provide the original packaging and container for said medications including proper labels. I understand that Kennels personnel can only administer oral pills, capsules, and chews, ear/eye drops and topical medications and if my pet(s) require injectable medications they will NOT be permitted to board at the DFMWR Kennels. NOTE: If your pet requires multiple medications on a day-by-day basis and you utilize a pill organizer container, you may provide this if you choose.

Please Initial \_\_\_\_\_

I certify that my pet is free of and on preventatives for fleas, ticks, heartworm, and other intestinal parasites and is on a monthly preventative.

Please Initial \_\_\_\_\_

I have read, understood, and fully agree to the terms and conditions set forth in this Kennel Boarding Agreement. I understand that according to IMWRF policy, if I have a dispute I can write a letter of dispute to the Kennel Manager and will reply to me in writing their final determination. If I disagree with the determination, I can request the Chief of Business Operations Division review the dispute.

Please Initial \_\_\_\_\_

I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Local Emergency POC Name/Number \_\_\_\_\_

Local Secondary Emergency POC Name/Number \_\_\_\_\_

Chain of Command/Supervisor Name & Number \_\_\_\_\_

Kennel Staff Initial/Date \_\_\_\_\_