



PAWS ON POST BOARDING & DAYCARE AGREEMENT

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, Sunday and Federal Holidays CLOSED.

Please Initial _____

I understand that in order to make a reservation I need to provide all kennel paperwork, required vaccinations and labs, and pay a 50% deposit.

Please Initial _____

Standard Pick-up Hours for boarding are 0700-1100 and Drop off Hours are 1330-1730 Mon-Fri. Any requests outside of normal pick up and drop off hours will be charged a full day of boarding.

Please Initial _____

Paws on Post Daycare hours are 0700-1800.

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 during the reservation, 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 _____

I 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 form the facility due to injury of an employee.**

Please Initial _____

I acknowledge that Paws on Post will fully refund payments if I cancel my reservation 7 or more days prior to the scheduled drop off date. Deposits for reservations cancelled 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 up-to-date 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 a local alternate emergency contact 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 Pet Kennel 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 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, Paws on Post may feed their offered facility food to my pet(s). Purina Pro Plan Performance 30/20 All Stages (dogs) and Purina Cat Chow Complete Chicken (cats). I understand there is a per cup fee per meal.

Please initial _____

I understand that if my pet has trouble eating during their stay, staff may add pumpkin, peanut butter, or yogurt to assist.

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 Kennel personnel can only administer oral pills, capsules, chews, ear/eye drops and topical medications. 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 _____