



REGISTRATION FORM

Army Air Force Marines Navy Coast Guard Reserves DoD Civilian Retiree

1. Sponsor/Spouse Name: _____
2. Current Address _____
City: _____ State: _____ Zip: _____
3. Cellphone: _____ Alternate Phone: _____ Work Phone: _____
4. Email: _____ DOD/CAC# _____ Exp Date _____
5. Military Unit/ Command/Employer/ Supervisor Rank/Name/Phone#: _____

6. Authorized person(s) or Second owner
Name/Phone#: _____

7. Boarding dates (mm/dd/yyyy): **Start Date:** _____ **Pickup Date:** _____

Dog / Cat Name _____ (Male - Female Spay / Neutered) Breed _____ Age _____ Weight _____

Dog / Cat Name _____ (Male - Female Spay / Neutered) Breed _____ Age _____ Weight _____

Dog / Cat Name _____ (Male - Female Spay / Neutered) Breed _____ Age _____ Weight _____

Dog / Cat Name _____ (Male - Female Spay / Neutered) Breed _____ Age _____ Weight _____

Dog / Cat Name _____ (Male - Female Spay / Neutered) Breed _____ Age _____ Weight _____

Vet Clinic's Name: _____ Phone#: _____

****Any permitted health issues History/Problem(s) if any:** _____

Special Instructions _____

Pet Owner's Signature: _____ Date: _____



DFMWR Kennels Boarding Agreement

I attest that I am a military issued photo identification card holder and therefore am eligible to board my pet at the DFMWR Kennels. _____ (Please Initial)

I understand that in order to make a reservation, I need to pay at least 50% of the balance due for my pet(s) stay. _____ (Please Initial)

I understand that I must pay the total balance of the boarding bill, upon pick-up of my pet(s). If I need to deviate from the listed drop off and pickup, I agree to notify the Kennels staff by phone or email, as soon as possible. NOTE: Guests on ORDERS, PCS in/out will incur no penalties for changes. _____ (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 acknowledge that the Kennels will fully refund payments, if I cancel my reservation at least 7 days prior to the scheduled drop off date. Payments for reservations cancelled within 7 days will qualify for a refund in household credit. I understand that all refunds must be issued in the same manner of payment they were accepted. **Cash may be refunded only on the day it is received.** All other refunds will be by check via a refund request. 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 my pet(s) being accepted for boarding. I understand there are inherent and other risks involved in choosing to board my animals and I have provided on-island 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 Kennels for any and all liability for injuries and damages to my pet(s) or to other persons or property as a result of my pet(s) behavior. _____ (Please Initial)

I agree that if determined by Kennel staff and if my emergency on-island POC cannot be contacted, my animal can be transported and treated by veterinarian services, at my cost. _____ (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 he/she will reply to me in writing his/her final determination. If I disagree with the determination, I can then request the Outdoor Recreation Manager review the dispute. _____ (Please Initial)

I agree that if I am choosing to provide my pets' food, I will deliver it in a non-glass, ant-proof container with a functional rubber seal around the lid. _____ (Please Initial)

I agree that if my pet(s) require any medications, I will provide the original packaging and container for said medications including proper labels. NOTE: If your pet requires multiple medications on a day-by-day basis and you utilize a pill organization container, you may provide this if you choose. _____ (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 _____ Date _____

Primary Phone Number _____

Emergency POC Name/ Phone Number _____

Kennel Staff Initial/Date _____