



## DFMWR 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 Kennels.

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

I understand that in order to make a reservation, I need to pay a 2-night deposit, unless I am boarding my pet for 30 consecutive days or more, in which case I am required to make a 50% down payment. I acknowledge that if I am traveling on military orders, though, I am only required to pay a 2-night deposit, regardless of the length of my reservation.

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

I understand that I must pay the total balance of the boarding bill upon pick up of my pets. 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 \_\_\_\_\_

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 I will need to arrange to have my pet(s) picked up immediately.

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 be transferred to a 90-day household credit. 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 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 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 s/he will reply to me in writing his/her final determination. If I disagree with the determination, I can request the Chief of Outdoor Recreation 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, air-tight container with a functional rubber seal around the lid.

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, and if my pet(s) require ear, eye, or 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 \_\_\_\_\_

January, 2022

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

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 \_\_\_\_\_

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

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

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

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