

ALL PAWS OSAN PET CARE BOARDING AGREEMENT

AREAS IN GREY ARE FOR PET LODGE USE ONLY

Owner's Name		Grade		DEROS	
Personal Email (MUST NOT BE USAF EMAIL ADDRESS.)					
Owner's Squadron/Office Symbol			Duty Phone		Home/Cell
Emergency Contact Name	Grade	Duty Phone	Home/Cell	Email	
EMERGENCY CONTACT MUST NOT BE A SPOUSE OR ANY FAMILY MEMBER TRAVELING TO THE SAME DESTINATION AS YOURSELF. YOUR EMERGENCY CONTACT SHOULD BE AN INDIVIDUAL WHO WILL REMAIN LOCAL TO OSAN FOR THE DURATION OF YOUR PET'S RESERVATION. THEY MUST KNOW THEY ARE THE EMERGENCY CONTACT AND BE WILLING TO FULFILL EMERGENCY CONTACT DUTIES					
BOARDING WILL BE REFUSED FOR ALL PETS WITHOUT PROOF OF CURRENT VACCINATIONS ~ NO EXCEPTIONS WILL BE MADE.					
Pet's Name		Breed		Age	Sex
Coloring/Description					Weight
Medical History:					
Has your pet been in a boarding or kenneling facility before?				YES	NO
Does your pet have food aggression?				YES	NO
Is your pet aggressive toward people ? ~ Have they ever attacked, chased, or bitten a person?				YES	NO
Is your pet aggressive toward other animals? ~ Have they ever attacked, chased, or bitten another animal?				YES	NO

****NOTE: FOR THE SAFETY OF OUR STAFF AND OTHER BOARDED PETS, AGGRESSIVE ANIMALS WILL NOT BE BOARDED IF DEEMED UNSAFE BY THE FACILITY MANAGER, REGARDLESS OF BREED. SIMILARLY, IF YOUR PET BECOMES AGGRESSIVE DURING THEIR STAY, THEY WILL BE ASKED TO LEAVE. IT IS YOUR RESPONSIBILITY AS THE OWNER TO PROVIDE ANY ALTERNATIVE ACCOMMODATIONS ~ NO EXCEPTIONS WILL BE MADE.****

Has your dog been known to jump or climb fences?		YES	NO
Female Pets Only:	Is your pet currently in heat?	YES	NO Next Heat Cycle
All Gender Pets:	Is your pet neutered/spayed?	YES	NO
NOTE: BE ADVISED, DOG BEHAVIOR CAN BE UNPREDICTABLE. PLACING DOGS TOGETHER HAS POTENTIAL TO LEAD TO ATTACK CAUSING INJURY OR EVEN DEATH. IF YOU CHOOSE TO HAVE YOUR DOG SOCIALIZED, YOU TAKE FULL RESPONSIBILITY FOR THE ACTIONS OF YOUR PET. IN ADDITION, YOU ACCEPT RISK OF ANY INJURY OR DEATH TO YOUR PET INCURRED BY A DOG YOUR PET IS SOCIALIZING WITH. 51 FSS IS ABSOLVED OF ALL LIABILITY IF YOU CHOOSE TO ACCEPT THIS RISK.			
1. This agreement is made between 51 FSS All Paws Osan Pet Care and the undersigned ("Owner") to whom pet care services will be provided.			
2. All Paws 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, the caretaker will contact owner or emergency contact to arrange for on base or off base emergency Veterinary service. In an emergency 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 facility.			
3. If there are any indications of the owner's pet having fleas, ticks, contagious illness, or if a female is in their heat cycle, the owner or emergency contact will be contacted. They will be 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 All Paws facility and staff will not be held liable for incidents that occur, 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. Owner agrees to remove pet(s) from the boarding facility on the scheduled release date. Failure to remove pet(s) on the scheduled pick up date, without notice, will result in an additional fee equal to 1 day of boarding in addition to the daily boarding fee per day per pet. Additional boarding may be scheduled if space is available.			
6. Payment is expected in full before or upon the release of the pet(s). Facility does not accept cash. Payments must be made by credit or debit card.			
7. Operating Hours are Weekdays 1000-1800 and Weekends 0700-1100 and 1500-1900. Appointment only all Federal Holidays Any pick up/drop off of pets outside of normal business hours must be pre-approved by staff and will incur an afterhours service fee of \$30-\$50. If the owner does not show for the scheduled pick-up they are still liable for the fee. If the owner is more than one hour late, there is an additional \$20 per hour the staff member waits.			
8. I guarantee my pet is over 4 months of age, is current on all vaccinations required by All Paws Osan Pet Care, 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

MEMORANDUM OF AGREEMENT

for

ANIMALS WITH BEHAVIOR TRAITS NOT CONDUCTIVE TO BOARDING FACILITIES

This agreement is made and entered into by _____ (name), of _____ (squadron) on _____ (date) for Pet Boarding Services at the 51st Force Support Squadron Pet Lodge, Osan Air Base, Korea. The Agreement is as follows:

The customer requesting pet boarding services from All Paws Osan Pet Care is required to provide a valid emergency contact who will be responsible for all emergency care and removal of the animal from the facility 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. If a dog or cat demonstrates aggression with intent to harm All Paws Osan staff, they **will not** be exercised or fed by the caretaker.

The 51st Force Support Squadron pet boarding facility 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 agreed upon responsibilities, the animal may be removed from the facility and placed in an alternative facility at the owner's expense.

IN WITNESS WHEREOF, the Customer and All Paws Osan Pet Care have executed this agreement.

Signature of Customer

Signature of Pet Care Center

ALL PAWS OSAN PET CARE AGREEMENT TO HOLD

HARMLESS WAIVER AND ASSUMPTION OF RISK

Boarding is limited to dogs and cats. I understand that boarding my animal is not without risk and understand and agree to the following:

I understand that a deposit is required to hold the reservation. Final payment is due before the release of my pet. If I cancel or change my dates, I must give 7 days notice to qualify for a full refund. My dog or cat must be over the age of 4 months to stay in boarding or daycare. ** PCS-IN customers are not required to pay a deposit. **

Initial here: _____

I understand that any pick up or drop offs outside of normal business hours will incur a service fee of \$30-\$50. I understand that an appointment MUST be scheduled ahead of time to allow staff to prepare for my arrival. I understand that for every additional hour after the schedule time will incur a service fee of \$20 per hour.

Initial here: _____

I understand that I must retrieve my pet from All Paws Osan Pet Care on the agreed upon check-out date. I must notify the kennels prior to the date of scheduled pick up if my animal needs to be boarded for a longer period than expected. Extension of boarding without notification will result in additional fees equal to 1 day of boarding in addition to the daily boarding fee per day per pet. I also understand that extension of boarding will only be granted on a space available basis and that, should the kennel have no space available, it is my responsibility to make other arrangements for my pet. Any pet left more than 30 days without notification to the kennels will be put up for adoption. I understand that I will still be liable for all costs incurred to the point my animal leaves the premises. I understand that under NO CIRCUMSTANCES can a pet(s) stay more than 60 consecutive days.

Initial here: _____

I understand that my animal must have current Rabies, Distemper, and Bordetella (for dogs) or Rabies and FVRCP (for cats). I understand that any vaccinations received within 5 days of check-in will not be accepted. It is my responsibility to provide proof of vaccinations prior to or at the time of check-in, regardless of veterinary facility closure. I understand that if proof of vaccinations is not provided, boarding will be refused until proof is shown. I will still be responsible for kennel boarding fees of original reservations.

Initial here: _____

I understand that the kennels take appropriate measures to prevent theft and ensure the safety and health of my animal. If my animal is stolen or escapes, the kennel will only reimburse boarding fees (deposit) and a one-time compensation fee not to exceed \$100.00. If I desire more than the stated amount, I must make arrangements for private insurance.

Initial here: _____

I understand that some animals experience stress-related illness, and that boarding may cause chronic conditions to worsen during their stay. If my animal requires medical attention, I will be liable for all costs incurred, to include charges by an off-base veterinarian or an emergency military veterinarian. Animals must be registered at Osan Air Base or other USFK facilities to be boarded, (Except PCS-IN personnel). I authorize the kennel personnel access to my animal's medical records and allow them to take my animal to the clinic for treatment if the emergency contact is not reached or unable to take my pet to the vet. In no way will the kennel or its employees be held liable for the death of my animal as a result of illness or treatment.

Initial here: _____

I understand that my pet must be bathed and free from all external parasites to include ear mites. I understand that all pets boarding at All Paws Osan must be on some sort of flea and tick preventative. I authorize and agree to pay for the kennel personnel to bathe my pet in a flea/tick bath if fleas or ticks are present. I understand that having my pet in the company and environment of other pets may involve risks regarding the contraction of illness. I understand that even regular vaccinations cannot completely guard against illness and disease, and that All Paws Osan cannot in any way prevent, nor are they responsible for any illness that my pet might contract.

Initial here: _____

I understand that if I am boarding more than one pet and the pets are not getting along, neither of the pets are fixed, a medical condition has forced the pets to be separated to prevent further complications, or the female enters heat, the Kennel personnel will separate and charge me for separate kennels. If no space is available to separate my pets, my emergency contact will be notified to retrieve the troubled pet.

Initial here: _____

I understand that I am solely responsible for any harm or damage caused by my pet(s) to persons, any other boarded pets, or property of the owners while my pet is staying at the kennel. I understand that malicious animals that destroy the kennel property repeatedly will not be boarded and that I (the owner) will be responsible for all charges of damage or injury to other dogs, people, or property.

Initial here: _____

I understand that my emergency contact will be contacted to remove my pet in the event the kennel is unable to continue boarding my animals for any reason. I will still be liable for all boarding fees to the point my animal leaves the premises.

Initial here: _____

I understand that owners may bring their own blankets or toys if desired, but the kennel cannot guarantee they will be returned in the same condition or at all. I understand that the kennel will not be held responsible for items lost/left at the facility. I understand that all items left for more than 24 hours after checkout, including food, will be thrown away.

Initial here: _____

I will supply adequate food, and necessary medications for the duration of the stay. If the supply of food becomes inadequate, my emergency contact will be notified to supply additional food. If my emergency contact cannot bring food, it will be supplied by the staff at the rate of \$5.00 per day per pet. I understand that All Paws Osan will NOT serve raw food.

Initial here: _____

I understand that all medications, including "over the counter medications" (vitamins or supplements), will be administered as instructed by myself (the owner).

Initial here: _____

I understand that if my pet has had surgery within two weeks prior to boarding, I will be denied boarding with a loss of my deposit. All Paws Osan Pet Care is not equipped as a care facility and will not be responsible for any problems that may result from surgery while boarding.

Initial here: _____

I hereby waive and release All Paws Osan Pet Care, its employees, owners, and agents from any and all liability my animal or I may suffer. All information given is true to the best of my knowledge. I understand that any falsification will lead to the revocation of my boarding privileges.

****AGREEMENT VOID AFTER 1 YEAR****

Owner's Signature

Date