

## **Kennel Rules and Regulations**

Admissions and releases may be made **ONLY** during normal operating hours. Reservations can only be made on the first business day of the month to when you need to board – i.e. July reservations will begin on July 1<sup>st</sup>.

Due to COVID-19 restrictions, priority is associated with PCS in-ROM support until further notice.

We have very limited kenneling space for TDY/General Boarding support.

The categories are listed in descending order of priority (SOFA personnel affiliated w/USARJ and USAGJ):

- A. USAG-J Military Community PCS quarantine/ROM hold animals
- B. USAG-J Military Community Personnel on Emergency Leave/TDY (must show documentation)
- C. USAG-J Military Community Regular Leave
- D. All other SOFA personnel (if available)

USAG-J Military Community is defined as personnel assigned to installations under the direct support command of the United States Army Garrison Japan. These installations include Camp Zama, Sagamihara Family Housing Area, Sagami General Depot, Yokohama North Dock, Hardy Barracks, Kure Harbor, & Torii Station (Okinawa.)

1. At any time, an owner's reservation may be cancelled or curtailed if a person of higher priority requires boarding space. If an animal must be removed from the kennels and the owner cannot be reached, the secondary contact will be required to pick up the animal.
2. All animals must be examined prior to boarding. Any medicine dependent pets or showing signs of illness prior to boarding will not be accepted. Pets with chronic medical problems requiring treatment may or may not be accepted after consultation with the Zama VTF team. Pets unable to receive full immunization regimens cannot be boarded.
3. Any AGGRESSIVE pets shall be denied acceptance for boarding for the health and safety of staff.
4. We cannot walk or administer any medications to your animal. Pets with chronic diseases may not be approved for boarding.
5. Charges are \$15.00 one dog, \$20 two dogs/sharing. \$13.00 first cat, \$20.00 for two cats sharing.
6. Drop off / pick up times are: M-F 0900-1230; 1330-1530. A late check-out charge of \$30 will be applied to the final price of those who do not pick up on their designated check-out date.
7. We encourage owners in PCS/non-ROM status to visit their pet while they are being boarded. Visitation times may be limited due to personnel availability. Owners should check in advance to determine appropriate visitation hours and ensure all pets are returned to the facility at least 20 minutes prior to closing.
8. Pets will not be returned unless bills are paid in full at the time of pick-up.

*The Zama Boarding Kennel is operated/managed by Outdoor Recreation, DFMWR.*

### **BOARDING RELEASE STATEMENT**

In order to limit the potential exposure of boarded pets to infectious diseases, only those pets determined to be in good health and well-mannered can be accepted for boarding. Pets must have current flea/tick, & parasite control.

*Dogs are required to have had the Bordetella and Rabies vaccine between 72 hours and 12 months of facility admission, and current DA2PPCV vaccine (every 3 years for adult dogs). Cats must have current vaccination series of Rabies and FVRCP vaccines (every 3 years for adult cats), and a yearly negative FeLV/FIV test. Pets boarding in the same month as vaccine(s) needing to be boosted must be completed prior to boarding.* We cannot board pets less than 6 months of age, nursing females, or pets in heat. Pets under 1 year of age will have more stringent vaccination requirements for boarding.       

Name: \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_

Privacy Act Statement: ALL Personally Identifying Information (PII) written in this document is collected and protected under the Privacy Act Statement. This information is voluntarily asked of you to be used solely by the Camp Zama Pet Kennels to contact and/or identify you or your possessions in the event of an emergency or other unforeseen circumstances in which this information is critical. While providing this information is voluntary we cannot safely board animals without complete owner identifications.

CAMP ZAMA PET KENNELS BOARDING FORMS

**RISK AND LIABILITY RELEASE**

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Owner's Name: \_\_\_\_\_

Pet Name(s): \_\_\_\_\_

Owner represents that their pet(s) are in all respects healthy and capable of withstanding the kennel environment. The Owner agrees that if immediate or emergency care is needed and provided, owner shall be solely responsible for the cost of any and all care outlined.

I agree that any problems with my pet(s) will be treated as deemed best by the staff of Camp Zama's DFMWR Pet Kennel without liability on the part of Camp Zama's DFMWR Pet Kennel from any resulting injury, illness, or death.

I recognize that there is an inherent risk of injury/illness in any associated boarding environment. I also recognize that such risks include, without limitation: injuries or illnesses resulting from fights, contagious diseases, natural disasters, death, or any additional unforeseen circumstances in any environment with live animals. Camp Zama's DFMWR Pet Kennel exercises due diligence and reasonable care to keep the premises clean, sanitary, and safe for your pet(s).

I agree not to hold responsible, financially or otherwise, any Camp Zama's DFMWR Pet Kennel staff member for any resulting injury, illness, or death to my dog/cat while in the care or custody of the Camp Zama's DFMWR Pet Kennel staff.

Printed Name	Signature	Date
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In the event of major health or welfare concern with your pet at Camp Zama Pet Kennels, we will attempt to contact you upon discovery. If you are unable to be reached we will notify your Emergency/Alternative contact to assist us. Please note, all emergency contacts must be over the age of 18, with base access, in the commuting area, and reachable by telephone. **They will be authorized to make all decisions in your absence.** *All contacts must be made fully aware of their responsibilities such as: removal and housing of pet (should the situation dictate), making decisions for medical treatment where payment may be collected at the time of service, and all other unforeseen circumstances that may arise.* **I authorize treatment costs not to exceed \$ \_\_\_\_\_ for each pet listed. (Minimum recommended amount \$350; can also authorize "Unlimited"). I further understand this amount, if in the case I or my Emergency Contact(s) cannot be reached, is ONLY authorized for Camp Zama VTF. Kennel Staff are not permitted to seek off-post care for pets.**

Primary Emergency/Alternative Contact:

Name: \_\_\_\_\_ Cell & Work # \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Emergency/Alternative Contact:

Name: \_\_\_\_\_ Cell & Work # \_\_\_\_\_ Email: \_\_\_\_\_

In the event my emergency contacts are unable to be reached **IDO / DO NOT** permit the staff at Camp Zama Pet Kennels to treat my pet under the same permissions I have set forth for my Emergency/Alternative Contacts.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Pet Information Sheet**

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Please fill out all information regarding your pet as thoroughly as possible. Please use one form per pet.

Please list any sensitive areas on your pet's body (paws, tail, ears, etc.) that should be avoided:

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What is your pet's general personality like?

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Please let us know if there is any other pertinent information you would like us to know about your pet:

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**Feeding Regimen:**

Have you supplied your own pet food? No / Yes [Brand: \_\_\_\_\_]

Feeding instructions: \_\_\_\_\_

Are Treats OK to give your pet? Please indicate: No | Daily OK | Every Other Day OK | Very Limited

Does your pet have dietary/allergic restrictions? No / Yes [Allergic to: \_\_\_\_\_]

*I certify that all the information provided above is as accurate as possible and that the staff of the Camp Zama Pet Kennels and all others involved in my pet(s) care can rely on this information.*

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

[Male / Female] [Spayed / Neutered] Age: \_\_\_\_\_ years [Quarantine Y / N]

Distinguishing Feature(s): \_\_\_\_\_

Owner Rank/Grade: \_\_\_\_\_ Unit: \_\_\_\_\_ Duty Station: \_\_\_\_\_ Reason For Boarding: \_\_\_\_\_

Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact #s (personal/work): \_\_\_\_\_ Email: \_\_\_\_\_

Additional Notes:	<b>Immunization Information</b> Staff Initials: _____
	Rabies: _____ DA2PP: _____ Bordatella: _____ _____  Rabies: _____ FVRCP: _____ FeLV/FIV neg: _____