Waiver of Risk and Release of Liability

(This form covers all pets admitted to the facility)

Sponsors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Pet Owner represents that their pet(s) is in all respects healthy and capable of withstanding the kennel environment. Pet owner agrees that if immediate or emergency care is needed and provided, pet 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 or 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, and death 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

In the event of a major issue, or the wellbeing, concerning your pet at Camp Zama Pet Kennels, we will attempt to contact you immediately 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 is NOT sanctioned to seek care off base.**

Primary Emergency/Alternative Contact:
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Emergency/Alternative Contact:
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ H: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event my emergency contacts are unable to be reached, please allow the staff at Camp Zama Pet Kennels to treat my pet under the same permissions I have set forth for my Emergency/Alternative Contacts.

Owner Authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Reaffirmed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reaffirmed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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