Kennel Rules and Regulations

Admissions and releases may be made **ONLY** during normal operating hours. Reservations for each month start on the 1st business day of the month before – i.e. June 1st reservations begin May 1st @ 0800AM.

E-mail all reservation requests to: zamakennels@gmail.com

Our services are open to valid SOFA ID card holders stationed at Camp Zama, Japan. PSC to Camp Zama active-duty quarantine requests will take priority over pre-scheduled reservations. We have minimal spacing for members of surrounding military communities.

1.	Reservations may be cancelled or curtailed at any point for any reasons to include: signs of illness/injury/stress in pets, PCS-in quarantine requirements, spacing constraints, welfare / husbandry concerns, or other unforeseen factors. Owners understand to have adequate back up plans pre-arranged. Pets are expected					
2.	to be picked up on the same business day if requested. All animals must be and present in good health (to include full mobility / bowel control) on day of drop- off. Pets with chronic medical or behavioral concerns may or may not be accepted. *Completed immunization records (in English) are required to secure boarding requests. Weekends/holidays are minimal staffing with					
	periodic checks – those requiring more supervision may not be accepted.					
3.	Aggressive / unsocialized pets will be denied boarding for the health and safety of staff.					
1.	Pets must be potty-trained, well-behaved, and non-destructive to toys/surroundings. We cannot board					
	puppies (under 6 months) and dogs over the age of 12 require consultation with staff.					
5. 5.	We cannot walk or administer any medications; we can give supplements only via food or pill pockets.					
Э.	Charges are flat-rate per night; \$20/dog kennel or \$25 two dogs sharing; cat kennels are \$15/flat rate per kennel - cats are housed individually for safety concerns.					
7.	Drop off / pick up times: M-W, F: 0800-1130; 1300-1500; Thurs: 0800-1130; closed all Thurs					
٠.	PM/weekends/holidays.					
3.	Pets must be picked up by 1500 on the predetermined date of check out; extensions may be permitted if no					
	conflict with other reservations.					
€.	Bills are to be paid in full at the time of pick-up via credit/debit card only. We do not accept cash/checks.					
	continually, or adequately care for. Reasons may include, but not limited to: health, age, behavior, temperament temperature, staff or pet safety, staffing shortages, physical limitations or workload, requests, etc. We appreciate your support and understanding for this.					
	BOARDING RELEASE STATEMENT					
	Only pets determined to be in good health and well-mannered can be accepted for boarding. Along with all					
va	ccinations, pets must have current flea/tick, & parasite control which is on a good faith basis – pets found to have parasites will require immediate pick up.					
	Dogs must have yearly vaccination series of: Bordetella and Rabies vaccines at least 72-hours prior to facility					
a	dmission, and valid DAHPP 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 <u>negative</u> FeLV/FIV test in their lifetime/before					
	boarding.					
	We cannot board pets less than 6 months of age, pregnant/suspected/nursing/in-heat females, unsocialized, or					
8	aggressive animals. Pets under 1 year of age will have more stringent vaccination requirements and pets over 12					
	years may not be accepted due to potential health or mentality concerns.					
	Owners understand to have read all aforementioned requirements for boarding and accept by signing below.					
N T						
IN a	me: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 Care Center 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

RISK AND LIABILITY RELEASE

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Owner's Na	me:			
Pet Name(s)	:			
Owner confirms that their pet(s) associated with a kenneling environment of the provided, owner shall be solely recovered.	ronment. Owner	agrees that if imn	nediate or emergency c	
I agree that any concerns with my without liability on the part of Ca				
I recognize that there is an inhere that such risks include, without li disasters, death, or any additiona DFMWR Camp Zama Pet Care C sanitary, and safe for your pet(s).	mitation: injurie I unforeseen circ Center exercises	es or illnesses resu cumstances in any	llting from fights, conta environment with live	agious diseases, natural animals. Camp Zama's
I agree not to hold responsible, fi staff member for any resulting in Pet Care Center.				
Printed Name		Signature		Date
In the event of major health or we contact you upon discovery. If you listed contacts must be over the a reachable by telephone. They will	ou are unable to age of 20 with a	be reached, we wanted driver's lice	ill notify your Alternatinse, base access, in the	ive contact to assist us. Al commuting area, and
yourself/your household as alte	rnative contact	ts are individuals	to contact in the even	t you cannot be reached
Pets cannot be boarded without v contacts will result in service der	•	contacts. Failure	to provide this informat	tion or maintain proper
Please ensure all contacts are (should the situation dictate), m	aking decisions	for medical treatn		ay be collected at the time
Camp Zama PCC cannot seel responsible for			n or off-post. Owners and or off-post. Owners and other pets prior to be	
Primary Alternative Contact:				
Name:	_ Cell #		_Email:	
Secondary Alternative Contact:				
Name:	Cell #		_ Email:	

Information Sheet

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 Care Center 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.

Please fill out the following information regarding your pet (one sheet per pet if multiple): Name: _____ Gender: ____ Age: ____ Neutered / Spayed / Intacted (not fixed) Breed: _____ Colors: ____ Distinguishing Feature: ____ Please list any sensitive / areas to avoid on your animal: What is your pet's general personality like? Please let us know if there is any other pertinent information you would like us to know about your pet: Please note we do not provide food – you will need to ensure you have provided enough food for your pet's full stay duration. Pets on strict portion controls should have their food pre-bagged to avoid any associated concerns. Instructions for feeding: _____ [Brand: _____] List any dietary/feeding restrictions for your pet (no treats, allergic to , etc): **Owner Information** Rank/Grade: _____ Unit: _____ Duty Station: ____ Leave/TDY/EML/Other: _____ Date: _____ Owner's Name: _____ Signature: Phone #s (personal/work): Email: Additional Notes: **Immunization Information** Staff Initials: _____ Rabies: DAPP: _____ Bordatella: _____ Rabies:___ FVRCP: _____ FeLV/FIV neg: