

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 @ 0900AM.

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

Our facility priority is support of USAG Army / community members requiring quarantine pet support.

We have limited kenneling space for TDY/General Boarding requests, and very limited space for members of surrounding military communities.

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

- A. USAG-J Military Community PCS quarantine
- 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 and subject to cancellation)

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. Owners understand to have adequate back up plans arranged at all times.
2. All animals must present in good health on the day of drop off. Pets with chronic medical or behavioral concerns may or may not be accepted after consultation with PCC management. *Completed immunization records (in English) are require to secure boarding requests. Weekends/holidays are minimal staffing with periodic pet checks – those requiring more supervision may not be accepted.
3. Aggressive / unsocialized pets will be denied boarding for the health and safety of staff.
4. Pets under 1 or older than 12 years of age require discussion with boarding staff on eligibility. Pets must be fully potty-trained and non-destructive of toys/bedding.
5. We cannot walk or administer any medications; we can give supplements only via food or pill pockets.
6. Charges are \$20.00 one dog, \$25 two dogs/sharing, \$15.00 first cat, \$20.00 for two cats sharing.
7. Drop off / pick up times: M-W:F 0800-1200; 1300 -1500; Thurs: 0800-1200 - closed on all weekends/holidays. 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.
8. Bills are paid in full at the time of pick-up – advanced payment is ok with notice.
9. For safety, health, or well-ness concerns we reserve the right to not accept any animal we do not feel comfortable to adequate or safely care for.

The Camp Zama Pet Care Center 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 must have yearly vaccination series of: Bordetella and Rabies vaccines at least 72-hours prior to facility admission, and valid 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 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 females in heat. Pets under 1 year of age will have more stringent vaccination requirements and elder pets (over the age of 12) may not be accepted out of wellness concerns.*

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 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

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.

Owner's Name: _____

Pet Name(s): _____

Owner represents that their pet(s) are in all respects healthy and capable of withstanding the stress and conditions associated with a kenneling environment. 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 Pet Care Center without liability on the part of Camp Zama Pet Care Center 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 Camp Zama Pet Care Center 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 Camp Zama Pet Care Center staff member for any resulting injury, illness, or death to my dog/cat while in the care or custody of the Camp Zama Pet Care Center.

Printed Name

Signature

Date

In the event of major health or welfare concern with your pet at Camp Zama Pet Care Center, 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. All emergency contacts must be over the age of 20 with a valid driver's license, 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.

****If you wish the Camp Zama PCC to seek on-post veterinary care for your pet in the event of an emergency/concern: please contact the Camp Zama VTF for their required paperwork. Owners are solely responsible for this. PCC staff cannot seek care off-post.****

Primary Emergency/Alternative Contact:

Name: _____ **Cell #** _____ **Email:** _____

Secondary Emergency/Alternative Contact:

Name: _____ **Cell #** _____ **Email:** _____

Printed Name: _____ Signature: _____ Date: _____

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

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:

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 Care Center 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:	Immunization Information Staff Initials: _____
	Rabies: _____ DA2PP: _____ Bordatella: _____ _____ Rabies: _____ FVRCP: _____ FeLV/FIV neg: _____