



**DEPARTMENT OF THE ARMY**  
U.S. ARMY INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT BELVOIR  
9820 FLAGLER ROAD  
FORT BELVOIR, VIRGINIA 22060

**Patriot Pet Care Lodging and Daycare  
Waiver of Liability and Hold Harmless Agreement**

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

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

1. I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The United States Army, their officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, during my pet(s) visit to Patriot Pet Care Lodging and Daycare.
2. I acknowledge that I am the owner of the above named pet(s) and I am fully aware of the risks pertaining to pet lodging and daycare and I voluntarily assume full responsibility and I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES for any risks of loss, property damage, or injury, including death, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, during my pet(s) visit to Patriot Pet Care Lodging and Daycare.
3. Health: I certify that my pet is in good health and that my pet has not been ill with any communicable diseases, parasites, or any conditions that could negatively affect the health of other guests or staff. I assume the responsibility of any veterinary treatment if any conditions should arise during my pets stay. I understand that my pet(s) must be flea and tick free and that my pet will be inspected at the time of arrival. I assume any fees or charges that may be applicable in the event thereof.
4. Vaccinations: I certify that my pet has received the necessary vaccinations as applicable. Dogs: Rabies, Distemper, and Bordetella. Cats: Rabies and Distemper. I understand that there is always a small chance that my pet could contract an illness regardless of vaccination status. I have provided records showing that my pet has been vaccinated by a veterinarian and that the vaccinations will not expire during my pet's stay. OTHERWISE, I understand that if my pet is immunodeficient or under 4 months of age, my pet(s) will be isolated from other guests.
5. I understand that the US Army does not maintain any insurance policy, covering any circumstance arising from my pet visiting lodging or daycare or any activity associated with or facilitating that participation. As such, I am aware that I should review any insurance portfolio for my pet.
6. Group Play/ temperament (DOG ONLY): I certify that my pet has never shown signs of aggression towards other animals or people. I understand that my dog will be with other guests in group play and that there are risks of injury, illness, and life threatening circumstances and I assume the responsibility of any veterinary costs that my pet may incur. IF NOT, I have disclosed my pet has shown signs of aggression towards other animals and I understand that it is at the discretion of the staff to allow my pet to join group play.
7. Billing: I have provided my billing information and have authorized use of such, should any fees be accrued that must be paid at time of service from Patriot Pet Care Lodging and Daycare, emergency veterinary visits, or other services.

Patriot Pet Care Lodging and Daycare  
Waiver of Liability and Hold Harmless Agreement

8. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO USE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement are construed in accordance with the laws of the State of Virginia.

9. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

# Patriot Pet Care Client Information

Name		Phone Number	
Address			
City	State	Zip	
Email		Pet(s) Name(s)	
How did you hear about us?			
Alt Contact	Phone Number	Email	
Who would you like us to contact in the event of an emergency?			
Emergency Contact	Phone Number	Relationship	
<b>Policies</b>			
<p>Please initial: _____</p> <p>I understand that I will be charged a \$15 no show fee if I do not inform staff that I need to cancel 48 hours prior to the day of my reservation.</p> <p>I understand that I must pick up my pet(s) before 1200 without grooming or I will be charged a \$15 half-day of daycare fee.</p> <p>I understand that if my pet is not picked up by 1730 I will be charged the overnight fee appropriate for my pet(s).</p> <p>I understand that if my pet(s) need emergency vet services while in care, I will be responsible for the Veterinary payment.</p>			
<b>Signature</b>			
Printed Name:			Date:
Signature:			

# Patriot Pet Care Pet Profile

Pet Information			
Pet First Name	Pet Last Name	Age	Weight
<b>Type</b> <input type="checkbox"/> Cat <input type="checkbox"/> Dog	Breed	Color	<b>Sex:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Spayed/ Neutered <input type="checkbox"/> Not Spayed/Neutered
<b>Microchip Number:</b>			
Allergies			
Cause	Effect	Treatment	
Feeding			
Time	Type (Dry, wet, treats, chews, anything extra)	Amount	
Medication			
Name	Dose	Time	
Behaviors			
Aggression towards people or animals/ food/ pain/ other	Explain		
Other Medical History/ Information to note			

# Veterinary Service Authorization

In the event that my pet becomes ill, injured, or in need of veterinary care, I authorize the following procedures:

**Emergency (choose one):**

\_\_\_\_\_ Administer first aid (if necessary) and contact myself or my emergency contact for further instructions before anymore actions are taken. I understand that there is a transport fee and veterinary services are at my expense.

\_\_\_\_\_ Administer first aid (if necessary) and call myself or my emergency contact after treatment by a veterinarian. I understand that there is a transport fee and veterinary services are at my expense.

**Non-Emergency (choose one):**

\_\_\_\_\_ Please speak with me before any services are arranged.

\_\_\_\_\_ Call myself or authorized person to schedule pick-up time and arrange transportation.

\_\_\_\_\_ I authorize Fort Belvoir Patriot Pet Care to arrange an appointment and transport to my veterinarian (within 10 miles). I understand that there is a transport fee and veterinary services are at my expense.

**Veterinarian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please Initial:**

\_\_\_\_\_ I authorize Fort Belvoir Patriot Pet Care to arrange an appointment and transport to a veterinarian of their choosing at my expense. I understand that there is a transport fee and veterinary services are at my expense.

**Payment:**

\_\_\_\_\_ I understand that I will be charged in the event where veterinary services are required and that veterinary charges must be paid at the time services are provided.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Pet Photo Consent Form

I, \_\_\_\_\_, hereby grant Patriot Pet Care, Fort Belvoir VA permission to use any photographs taken of my pet, in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become your property and will not be returned. I hereby authorize to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing your programs or for any other lawful purpose.

In addition, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby release rights to all claims, demands, and causes to action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization. In signing this consent, I give authorization to use my name and my pet's name and information as printed below.

\_\_\_\_\_  
Pet(s) Printed Name

\_\_\_\_\_  
Owner's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

# Patriot Pet Care Check-In Waiver

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

Dates of Stay: \_\_\_\_\_

Please initial:

\_\_\_\_\_ I agree that my lodging waiver, veterinary care instructions, and emergency contacts are up to date and no changes are needed.

\_\_\_\_\_ I agree that if my pet should run out of food it is authorized to feed the food offered (ProPlan Sensitive Skin and Stomach) and I understand there is a \$4 fee per meal.

\_\_\_\_\_ I have informed staff of any new health issues for my pet.

\_\_\_\_\_ I have selected the:      Standard Run              Extra Large Run

\_\_\_\_\_ I have chosen the following grooming/Spa options:

Basic Bath      Full Groom      Brush-Out      Other \_\_\_\_\_

\_\_\_\_\_ I have chosen the following add-on services (additional cost):

Walks              Couch Cuddles              Treats              Individual Play              Media

\_\_\_\_\_ I authorize Patriot Pet Care to give my dog canned pumpkin puree in the event that they develop loose stool due to kennel stress.

\_\_\_\_\_ I authorize Patriot Pet Care to give my dog a small amount of canned bland diet mixed with their regular food in the event that they lack appetite in the kennel environment.

\_\_\_\_\_ I understand that customer service is not open on the weekends and staffing has limited hours to accommodate guests only. If I need assistance I will call and leave a voicemail that may not receive a return phone call until the next business day.

My appointment is on \_\_\_\_\_ and I have agreed to arrive at \_\_\_\_\_

Staff Initials \_\_\_\_\_

\_\_\_\_\_ I have agreed to an appointment time to pick-up or drop-off my pet(s). I understand that if I do not arrive on time for the appointment I must wait until the next business day for assistance.

Signature: \_\_\_\_\_

# Patriot Pet Care Grooming Check-In Waiver

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

Date of Grooming: \_\_\_\_\_

Pet(s) Weight: \_\_\_\_\_

Please Initial:

\_\_\_\_\_ I agree that my lodging waiver, veterinary care instructions, and emergency contacts are up to date, and no changes are needed.

\_\_\_\_\_ I have informed staff of any new health issues for my pet.

\_\_\_\_\_ I have chosen the following grooming/Spa options:

Basic Bath      Deluxe Bath      Deshedding Groom

Full Groom (Breed Standard)      Full Groom (Owner Specific)

If selecting **Full Groom (Owner Specific)**, please describe how you would like your pet trimmed:

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\_\_\_\_\_ If you have selected a deluxe bath or either of our full groom options, please indicate which custom shampoo you would like:

Soothing Oatmeal      Whitening      Odor Removing      Hypoallergenic

Signature: \_\_\_\_\_



# Patriot Pet Care In-Home Care Waiver

Pet(s): \_\_\_\_\_ Dates of Care: \_\_\_\_\_

Pet(s) Weight: \_\_\_\_\_

Please Initial:

\_\_\_\_\_ I agree that my lodging waiver, veterinary care instructions, and emergency contacts are up to date, and no changes are needed.

\_\_\_\_\_ I agree that if my pet should run out of food it is authorized to feed the food offered (ProPlan Sensitive Skin and Stomach) and I understand there is a \$4 fee per meal.

\_\_\_\_\_ I understand that should my dog require meal prep (anything beyond scooping dry kibble), I will be charged a \$4 fee per meal.

\_\_\_\_\_ I have informed staff of any new health issues for my pet.

\_\_\_\_\_ Has your pet experienced any vomiting, diarrhea, or lethargy in the last 10 days?

\_\_\_\_\_ Feeding and medication instructions for my pet(s):

\_\_\_\_\_ I authorize Patriot Pet Care to give my dog canned pumpkin puree in the event that they develop loose stool due to stress.

\_\_\_\_\_ I authorize Patriot Pet Care to give my dog a small amount of canned bland diet mixed with their regular food in the event that they lack appetite due to stress.

\_\_\_\_\_ I understand that if my dog is 12 years of age or older **and** requires assistance for normal activities (standing, walking, using the bathroom, eating, etc.) I will be charged a geriatric fee of \$20 per day.

\_\_\_\_\_ I understand that should my pet require additional visits due to extra care needed (medical or other concern) that I will be responsible for the charges associated with the additional visits.

Signature: \_\_\_\_\_