



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
Policies			
<p>Please initial:</p> <p style="margin-left: 40px;">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 check-in.</p> <p style="margin-left: 40px;">I understand that I must pick up my pet(s) before 1200 without grooming or before 1700 with grooming, or I will be charged \$15 for a half-day of daycare.</p> <p style="margin-left: 40px;">I understand that if my pet is not picked up by 1700 I will be charged an afterhours fee equivalent to the overnight fee appropriate for my pet(s)</p>			
Credit Card Information			
Name on card		Zip	Card Type
Card Number		CVV	Exp. Date

Printed Name:
Date:

Signature:

Patriot Pet Care Pet Profile

Pet Information

Pet First Name	Pet Last Name	Date of Birth/Age	Approx. Weight
Type	Breed	Color	Sex: <input type="checkbox"/> Unfixed Male <input type="checkbox"/> Unfixed Female <input type="checkbox"/> Fixed Male <input type="checkbox"/> Fixed Female
<input type="checkbox"/> Cat <input type="checkbox"/> Dog			

Microchip Number:

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 (\$20) 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 (\$20) 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 (\$20) and veterinary services are at my expense.

Veterinarian Information:

Name: _____

Address: _____

Phone Number: _____

_____ 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 (\$20) and veterinary services are at my expense.

Payment:

_____ I understand that I must have a **valid** credit card on file that 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 Signature)

(Date)

(Owner's printed name)