

MISAWA PET KENNEL PET REGISTRATION FORM

DROP-OFF DATE: _____ PICKUP DATE: _____
REASON FOR BOARDING: PCS IN PCS OUT TDY VACATION EMERGENCY OTHER _____
WILL YOU BE IN JAPAN? Y / N STATESIDE NUMBER _____

PCS SPONSOR INFORMATION (FOR PCS IN ONLY)

NAME & RANK: _____ Duty #: _____ HM/Cell #: _____
DATE MADE: _____ PCS IN: AMC OR COMMERCIAL

OWNER INFORMATION

NAME _____ ORG/UNIT _____ BRANCH _____
RANK _____ HOUSE# _____ DUTY# _____ HOME# _____
CELL# _____ DEROS _____ MAILING ADDRESS _____
EMAIL _____

PET(S) INFORMATION

(1) PET'S NAME: _____ SEX: M/ F FIXED: Y/N WEIGHT: _____ AGE: _____

PLEASE CIRCLE: DOG / CAT BREED: _____ COLOR: _____

IS THIS PET A(N): ESCAPIST FENCE JUMPER DIGGER SHY NOISY FRIENDLY BITER PROTECTIVE
OTHER _____

HAS THIS PET EVER SHOWN AGGRESSION? Y/N WITH ANIMALS? Y/N WITH PEOPLE? Y/N

BRAND OF FOOD _____ AMOUNT FED _____ TIME OF DAY: AM NOON PM

DOES YOUR PET(S) HAVE ALLERGIES? Y/N (Food, skin, scent)

PLEASE EXPLAIN _____

(2) PET'S NAME: _____ SEX: M/ F FIXED: Y/N WEIGHT: _____ AGE: _____

PLEASE CIRCLE: DOG / CAT BREED: _____ COLOR: _____

IS THIS PET A(N): ESCAPIST FENCE JUMPER DIGGER SHY NOISY FRIENDLY BITER PROTECTIVE
OTHER _____

HAS THIS PET EVER SHOWN AGGRESSION? Y/N WITH ANIMALS? Y/N WITH PEOPLE? Y/N

BRAND OF FOOD _____ AMOUNT FED _____ TIME OF DAY: AM NOON PM

DOES YOUR PET(S) HAVE ALLERGIES? Y/N (Food, skin, scent)

PLEASE EXPLAIN _____

(3) PET'S NAME: _____ SEX: M/ F FIXED: Y/N WEIGHT: _____ AGE: _____

PLEASE CIRCLE: DOG / CAT BREED: _____ COLOR: _____

IS THIS PET A(N): ESCAPIST FENCE JUMPER DIGGER SHY NOISY FRIENDLY BITER PROTECTIVE
OTHER _____

HAS THIS PET EVER SHOWN AGGRESSION? Y/N WITH ANIMALS? Y/N WITH PEOPLE? Y/N

BRAND OF FOOD _____ AMOUNT FED _____ TIME OF DAY: AM NOON PM

DOES YOUR PET(S) HAVE ALLERGIES? Y/N (Food, skin, scent)

PLEASE EXPLAIN _____

IS YOUR PET(S) TAKING PERScription MEDICATION? Y/N MEDICATION TYPE AND DOSAGE

EMERGENCY CONTACT INFORMATION

***MANDATORY: Must provide at least one NON-OWNER CONTACT for each boarding reservation ***

In the event of an emergency, the Misawa Pet Kennel Staff will call/email the emergency contact listed below. This person will be responsible for bringing additional food or medications for your pet (if necessary). Only emergency contacts listed will be able to drop off, pick up or visit your pet(s) while they are here. **IF FOR ANY REASON THE KENNEL PERSONNEL ARE UNABLE TO CONTINUE BOARDING A PET, THE EMERGENCY CONTACT WILL BE REQUIRED TO PICK UP THE PET IMMEDIATELY FROM THE FACILITY.** The owner will still be liable for any and all fees associated with the boarding reservation, up to the point that the pet leaves the facility.

(# 1) NAME: _____ Org/Unit _____ DUTY #: _____
HOME/CELL PHONE: _____ EMAIL _____

Would you like this emergency contact to be authorized to pick-up, drop -off, or visit your pet? YES/NO
Initials: _____

THE ABOVE EMERGENCY CONTACT(S) HAVE BEEN NOTIFIED.

SIGNATURE: _____

(# 2) NAME: _____ Org/Unit _____ DUTY #: _____
HOME/CELL PHONE: _____ EMAIL _____

Would you like this emergency contact to be authorized to pick-up, drop -off, or visit your pet? YES/NO
Initials: _____

THE ABOVE EMERGENCY CONTACT(S) HAVE BEEN NOTIFIED.

SIGNATURE: _____

(# 3) NAME: _____ Org/Unit _____ DUTY #: _____
HOME/CELL PHONE: _____ EMAIL _____

Would you like this emergency contact to be authorized to pick-up, drop -off, or visit your pet? YES/NO
Initials: _____

THE ABOVE EMERGENCY CONTACT(S) HAVE BEEN NOTIFIED.

SIGNATURE: _____

(# 4) NAME: _____ Org/Unit _____ DUTY #: _____
HOME/CELL PHONE: _____ EMAIL _____

Would you like this emergency contact to be authorized to pick-up, drop -off, or visit your pet? YES/NO
Initials: _____

THE ABOVE EMERGENCY CONTACT(S) HAVE BEEN NOTIFIED.

SIGNATURE: _____