



\*\*\*\*\*Dct n'pi 'Nqv  
\*\*\*\*\*Dif i 03274  
\*\*\*\*\*FUP <475/57: :  
\*\*\*\*\*Kp v'0'233'! 3'! 4'99; '57:

**\*\*\*\*\*DCTMPI 'NOV'TGUGTXCVIOP'HOTO "**

Qy pgt aP co g< \_\_\_\_\_

Ej gen/Kp F cvg< \_\_\_\_\_ AM PM

Ej gen/Qw F cvg< \_\_\_\_\_ AM PM

1.) This reservation is for PCS IN PCS OUT Regular

2.) Is this reservation for quarantine requirements? \_\_\_ Yes \_\_\_ No  
If Yes, what is the quarantine end date? \_\_\_\_\_

3.) Is your animal aggressive towards other animals? \_\_\_ Yes \_\_\_ No

4.) Is your animal aggressive towards humans? \_\_\_ Yes \_\_\_ No

5.) Is your animal food aggressive? \_\_\_ Yes \_\_\_ No

6.) Does your animal utilize pee pads? \_\_\_ Yes \_\_\_ No If Yes, please provide for the duration of their stay.

Pet Name: \_\_\_\_\_ Breed : \_\_\_\_\_ Color : \_\_\_\_\_ F M

Feeding Instructions (how much in cups, how often a day, etc.): \_\_\_\_\_

\_\_\_\_\_

Special Instructions (behavioral information, special considerations, requests, etc.): \_\_\_\_\_

\_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ F M

Feeding Instructions (how much in cups, how often a day, etc.): \_\_\_\_\_

\_\_\_\_\_

Special Instructions (behavioral information, special considerations, requests, etc.): \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact.** Please provide at least one emergency point of contact. Individual must be over eighteen (18) years of age, have access to installation, **be in the local area for the duration of your leave, and cannot be your spouse.** In appointing an emergency contact, you are authorizing that individual to make decisions regarding the care and disposition of your pet. The emergency contact must administer medication, be present for any veterinary appointments, and is responsible for any charges incurred.

1.) Name of Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone number: \_\_\_\_\_

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

Unit: \_\_\_\_\_ Work Phone number: \_\_\_\_\_

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

**I agree to indemnify, waive, release, and forever discharge the U.S. Marine Corps, the Marine Corps Community Service, the NAF Business and Support Services Division, and any other individuals or entities connected in any way with the boarding of my animal(s) from any and all claims for damages, death, personal injury or property damage and litigation costs/attorneys' fees, arising from or contributed to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities and their employees or agents, resulting from the boarding of my animal(s). This waiver and release shall be binding on my heirs and assigns and shall run in favor of the above-named persons or entities and any individuals in any way connected with the aforementioned event.**

**By signing below, I affirm that I have understand and accept all terms and conditions of Barking Lot Agreement.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Accepted by Barking Lot Staff:**

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

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