



# KENNEL REGISTRATION

Date:	Time:	Kennel #:
Name:		
Address:	Telephone:	
Emergency Contact Person (not currently with you):	Emergency Contact Phone:	
<b><i>Pet Description (Please include name and breed type):</i></b>		
DOG: _____	CAT: _____	OTHER: _____ (            )
<b>Required Documentation</b>		
Use of the kennel requires all guests to provide proof of vaccination records from your veterinarian. Please present a copy upon check-in or email documentation to <a href="mailto:KSCWillCall@delawarenorth.com">KSCWillCall@delawarenorth.com</a> .		
Veterinarian Name:	Telephone:	
<p>1. In consideration of my use, free of charge, of the Kennedy Space Center Visitor Complex kennel provided as a convenience to for visitors, I hereby assume full risk of loss, injury to or death of my pet, arising out of such use and release Delaware North Parks and Resorts, Inc. and their agents, directors, officers and employees from any and all responsibility therefore.</p> <p>2. Due to state law, in the event your pet is involved in a bite and current rabies vaccination cannot be verified, it may be necessary to quarantine your animal within Brevard County, Florida, for ten (10) days. Such confinement is subject to within Brevard County, Florida, for ten (10) days. Such confinement is subject to the discretion of the local health authority.</p> <p><b>3. I understand Delaware North Parks and Resorts, Inc. will not handle my pet and therefore is not responsible for walking, feeding or watering my pet.</b></p>		
Visitor Signature:		
Check-in Agent:		
Check-out Agent:		
RECEIVED PET:	TIME:	