

PET DOG STAY AGREEMENT

ARRIVE DATE / / .

I accept and agree to all the items described in stay notice.

PET DOG OWNER NAME _____

PET DOG'S NAME _____ GENDER (male / female)

SPECIES OF DOG _____

DATE OF BIRTH _____ AGE _____ years old. ※must be 4 months

and older.

YOUR ADDRESS _____

PHONE NUMBER _____

The copy of rabies vaccination certificate

The copy of viral infectious disease vaccination

Signature _____

Okinawa Kariyushi Beach Resort Ocean Spa

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