USO Northwest

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SEATAC USO PET POLICY ACKNOWLEDGMENT

Hello and welcome to the USO,

We know that traveling with a pet (defined as a dog or cat *only*) can be challenging and stressful. We want to do everything we can to support you during this time. However, for various reasons such as Port of Seattle, King County Public Health and USO Northwest insurance policy guidelines, we humbly ask that you agree to adhere to the statements below if we are able to help accommodate your pet.

- Accommodations are *strictly* on a space available basis. At the discretion of the volunteer on-duty or the Center manager, you may be asked to take your pet out of the Center if the space prohibits guests from using any area of the facility including the luggage room. During Flight Nights we will, most likely, be unable to store kennels in our luggage room due to space limitations.
- 2. In order to stay within Port of Seattle, King County Public Health and USO Northwest insurance policy guidelines, the pet *must* stay in the kennel *at all times*. There is *no exception* to this policy. You will be asked to leave the Center if you do not comply.
- 3. If at any time the pet begins to become unruly or excessively growl, whine, bark or meow the onduty volunteer or Center manager may ask you to remove the pet from the Center.
- 4. *Under no exceptions may the owner leave the Center without the pet.* Port of Seattle Police will be contacted if it is found that the owner is not in the Center. Furthermore, the owner will forfeit the privilege to use the amenities of the Center.

Please understand that these guidelines are in place due to incidents in the past involving negligent pet owners. We ask that you fill out the information below acknowledging your agreement to the terms stated above. Thank you for your service to our nation and your understanding.

Matt Sult Lieutenant Colonel U.S. Army (Retired) SeaTac Center Manager

USO Northwest

Respectfully,

PET(S) NAME:	PLEASE CIRCLE:	DOG	CAT	RHINOCEROUS
PRINT NAME:				
CONTACT NUMBER OR EMAIL:				-
SIGNATURE:	DATE:			