



## Pet Owner Liability Form

GUEST FULL NAME: \_\_\_\_\_ DATE OF CHECK-IN: \_\_\_\_\_

PET NAME: \_\_\_\_\_ TYPE / BREED: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_ ROOM NUMBER: \_\_\_\_\_

***As a responsible pet owner, I acknowledge and agree to the following terms and conditions regarding the stay of my pet(s), at sala Bang Pa-In.***

1. I understand that I am solely responsible for the behavior and actions of my pet during our entire duration at the hotel.
2. I agree to keep my pet on a leash or in a carrier while in public areas of the hotel premises, except in the designed dog lawn.
3. I agree to walk my pet to relieve it of bodily functions only in the designated areas and agree to promptly clean up after my pet, disposing of any waste appropriately.
4. I understand that any damages caused by my pet to hotel property or the property of other guests will be my responsibility, and I agree to reimburse the hotel for any such damages.
5. I acknowledge that the hotel reserves the right to charge a non-refundable pet fee of THB1,500 per pet, per night.
6. I understand that if my pet causes a disturbance or nuisance to other guests, the hotel reserves the right to request that my pet be removed from the premises or require us to leave the hotel without reimbursement.
7. I acknowledge that my pet has received and is current with all required shots and immunizations. I can produce those records if required at any time during my stay.
8. I understand that any costs for the repair of damages or additional cleaning requirements including labour and flea treatment of the guest room or suite, will be charged accordingly.
9. I acknowledge that if my pet is left alone in the room, it should be in its pet carrier or crate. If my pet is not crated or in a carrier and is alone during housekeeping service, I understand that I will not receive service for the day.

***I have read and understood the above terms and conditions, and I agree to abide by them during my stay at sala Bang Pa-in.***

Guest Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

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

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