

Cloud Nine Canines Boarding and Day Care Agreement

Your Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Phone: _____



Pet's Name: _____

Breed: _____

Age/Birthday: _____

Sex: _____

Spayed/Neutered: _____

Has your dog been boarded or attended day care before? _____

Is your dog Housetrained? _____

Flea & Tick control/frequency/time of month administered: _____

Heartworm control/frequency/time of month administered: _____

Can your dog jump a 5 foot or 6 foot fence? _____

Has your dog ever bitten another dog or person? _____

Where does your dog sleep? _____

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Describe your dog's temperament: _____

Please describe any medical, physical or any other problems we should be aware of:

Describe anything that upsets your dog: (thunderstorms, another dog near their food etc.):

Anything else we should know about your dog that would assist us in providing the best possible care and most fun while here at Cloud Nine Canines? _____



Veterinarian: _____

Phone: _____

City: _____

Date of last visit: _____

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The dogs here are accustomed to playing with other dogs; the nature of this kind of environment can present some issues you should be aware of:

Just like children, the dogs can play hard and sometimes will get bruised, muscle strains, nicks and scrapes or worse. Every effort is made to keep the "play" from escalating into extreme "rough housing" or worse.

I, _____, hereby certify that my dog(s):

is in good health and has not been ill with any communicable condition in the last 30 days. I further certify that my dog(s) has not harmed or shown aggression or threatening behavior towards any person or any other dog. I understand that there is a possibility for injuries, communicable diseases and parasites when dogs play together. I have read the policies page and understand the following:

1. I certify that I am the sole owner of the dog or acting on the owners behalf and am authorized to sign this form.
2. I authorize Cloud Nine Canines, at their discretion, to engage the services of a veterinarian if my dog requires care. I agree to be solely responsible for the payment of all medical bills and release Cloud Nine Canines, its owner, employees and volunteers of any responsibility related to such medical care.
3. I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is attending Cloud Nine Canines. I release Cloud Nine Canines, its owner, employees and volunteers of any liability arising from my dog(s) attendance and participation.
4. I authorize Cloud Nine Canines to contact my veterinarian to confirm health, temperament and vaccination records.
5. I agree that prior to my dog leaving Cloud Nine Canines, all charges will be paid in full.

Signature

Date: _____