



A Cloud 9 for Canines

Booking Form:

Name: _____ Address: _____

City: _____ Postcode: _____ State: _____

Home Phone: _____ Mobile: _____ Work Phone: _____

Email: _____

Emergency Contact – This needs to be someone other than yourself.

Full name: _____ Relationship: _____

Phone: Home: _____ Mobile: _____

How did you hear about us? _____ Referred by: _____

Tell us about your dog

Name: _____ Breed: _____ Male / Female

Birth Date (if unsure approximate) _____ Weight: _____

PLEASE ATTACH A COPY OF YOUR DOGS CURRENT VACCINATION CERTIFICATE.

All dogs must be vaccinated with C5, No form no booking.

Is your dog desexed if over the age of 7 months? Yes / No

We do not accept undesexed dogs over the age of 7 months

Micro chipped: YES / NO How long has your dog been in your family? _____

Does your dog get along with other dogs? _____ If yes, I give permission for my dog
_____ to socialise with other dogs during their stay. **Sign:** _____

Has your dog ever bitten another dog or person? _____

Does your dog growl or snap when food or toys are taken away? _____

Does your dog growl or snap for any other reason? _____

Has your dog been in care before? _____

What commands does your dog know? _____

Please describe any behavioural problems you might know of: _____

Is there anything else we should be aware of? _____

Does your dog fear or dislike thunderstorms or noises etc.? YES / NO

If yes, please explain: _____

Tell us about your dog's health

Veterinarian: _____ Phone: _____

List any allergies: _____

Describe any medical conditions: _____

Monthly heartworm treatment: _____

Monthly flea and tick treatment: _____

Does your dog take any medication? YES / NO If yes please write down name of medication,
dosage and time needed _____

Do we have your permission to use photographs of your dog for our website? YES / NO

Do we have your permission to transport your dog in our car if need be for veterinary emergency
reasons? YES / NO

Is there anything else you would like us to know about your dog? _____

I certify that I have answered the above questions fully and honestly.

Signature: _____ Date: _____



Waiver Form

I _____ hereby certify that I have read and understood the following:

1. I understand that I am solely responsible for any harm caused by my dog/s whilst my dog/s is/are attending **A Cloud 9 for Canines** and in the event of my dog/s maliciously attacks on another dog, I understand my dog/s maybe deemed unfit for attending **A Cloud 9 for Canines** in the future. **Initial** _____
2. I verify that my dog is sociable and has not harmed or shown threatening behaviours towards any person or another dog. I understand that should my dog display any unwanted behaviours while in the care of **A Cloud 9 for Canines** that staff will remove him/her from play area. **Initial** _____
3. I release **A Cloud 9 for Canines** from any liability should my dog injure another dog or person and accept medical and legal responsibility of my pet's actions. **Initial** _____
4. I understand that although all dogs are fully supervised that incidents may occur. This includes that my dog could receive bites, scrapes and scratches from his/her playmates. **Initial** _____
5. I verify that my dog is in good health and is up to date with all vaccinations and have provided proof of this. My dog is currently on Flea / Tick preventative medication. **A Cloud 9 for Canines** are authorised to apply flea/tick treatment appropriate for my dog if required and charge me accordingly and I agree that such charge will be payable on my dogs departure from **A Cloud 9 for Canines**. My dog has not been ill with any known contagious Virus in the last 30 days. **Initial** _____
6. I agree that **A Cloud 9 for Canines** shall not be held responsible for Canine Influenza, Paralysis Tick or any injury that may occur to my dog during its stay at **A Cloud 9 for Canines**. **Initial** _____
7. I agree to the 14 days waiting period after my dog has had his/her vaccinations to allow the vaccines to reach full protections and to ensure my dog has not had any negative reaction to the vaccines. Should I allow my dog to stay at **A Cloud 9 for Canines** in a shorter than a 14 day wait I understand that my dog could be at risk of contracting a contagious virus / disease. **Initial** _____
8. I understand that natural death and / or illness is not a legal liability to **A Cloud 9 for Canines** and if this happens whilst in care at **A Cloud 9 for Canines** all veterinary expenses will be paid by you unless it is deemed **A Cloud 9 for Canines** is negligent. **Initial** _____
9. Any physical injuries that occur at **A Cloud 9 for Canines** will be handled by **A Cloud for 9 Canines** and Somersby Animal Hospital best recommendations and if **A Cloud for 9 Canines** is found to be negligent, fees will be paid for by **A Cloud for 9 Canines**, however if they are not, I will pay for the vet bills in full within 7 days. **Initial** _____
10. I further understand and agree that **A Cloud for 9 Canines** staff will not be liable for any behavioural problems which develop, provided reasonable care, precautions and discipline are followed. **Initial** _____
11. I understand that should my pet not be collected within 72 hours of arranged time, action shall be taken by **A Cloud 9 for Canines** where by Central Coast Animal Care facility (Gosford Pound) will be contacted and collection arranged for my pet. All fees after this are the responsibility of myself and not **A Cloud for 9 Canines** to Gosford pound. **Initial** _____

Date: _____

Signature: _____

Print name: _____

Thanks Kim and Robert