

Cloud K9, LLC
385 D. W. Highway
Merrimack, NH 03054
603-424-6166
603-440-8769
www.cloudk9.net
laura@cloudk9.net



Cloud K9, LLC Boarding Agreement

Contact Information

Owner Full Name:
Home/Cell Number:
Home Address:

Pet Full Name:
Breed:
Color:
Age:
Sex:
Neutered/Spayed: Please indicate yes or no

Emergency Information

In case of an emergency Cloud K9, LLC must have an alternative person (who will not be traveling with you) that we can contact, whom you have authorized to make decisions regarding your pet.

Alternative Emergency Contact: (relationship)
Telephone:

Vet Name:
Vet Phone:
Vet Address:
Rabies Exp Date:
*All dogs must have a current rabies vaccination administered by a Vet.

Boarding Information

Boarding Fee \$30 (\$25/night for 2nd dog) per night regardless of drop off or pickup time.

Date and Time of Drop Off:
Date and Time of Pick Up:

- All fees include exercise time for dogs (weather permitting), in addition to regular potty walks. There will be no discount for dogs whose owners choose for their pets to not get the exercise. During winter months outdoor exercise is generally limited to shorter potty walks due to temperature.
- All dogs will be allowed free roam of the house as long as they respect the social boundaries of all other humans and animals present.
- When not supervised, all animals will be confined in a kennel run or crate with appropriate water and food.

Feeding/Medication Information

I authorize Cloud K9 LLC to feed and/or medicate my dog on the following schedule.

Food Brand/Type:

Time and Amount for AM Feeding (If no AM feeding please specify)

Time and Amount for PM Feeding (If no PM feeding please specify)

Treats Brand/Type:

Time and Amount:

Please Check One:

I authorize Cloud K9, LLC to give my dog treats, including dog cookies, peanut butter filled bones, or other treats approved for dog consumption at their discretion.

I do not authorize Cloud K9, LLC to give my dogs any treats other than what I have specified in time and amount.

Food Allergies:

My dog has the following allergies and should not be fed anything containing these ingredients. Please list all allergies. If no known allergies please specify.

Medications:

Please list all medications that must be administered during your pet's stay. If the medications were not prescribed by the above named vet, please provide additional contact information for other health care providers:

Aliment	Medication	Dosage	Time Administered

Liability Clause

I (the Owner of the pet) _____

I realize that my dog(s) will be co-mingling with other dogs under supervision. I realize that if my pet tries to bite a person or another dog, he/she will not be allowed to socialize for the remainder of his/her stay. I also realize that even though supervised, occasionally dogs get injured and I will be responsible for any veterinary bills incurred. I will also be responsible for any medical treatment needed if my pet ingests or gets injured by any material or objects from items left by me for my pet to have in his/her kennel. I understand that my pet will have free roam in a house and will therefore be exposed to common household items or obstacles. I do not hold Cloud K9 LLC responsible for any injury to my pet resulting from such exposure. Such circumstances may include, but are not limited to, injuries from jumping on and off furniture or falling down stairs.

I understand that there are certain risks of injury or illness that are out human control. Pets, by their very nature, are often times nervous, hyper-excitabile, and don't always use good judgment. Hence they sometimes injure themselves while playing with other pets, over-reacting to being enclosed, or eating inappropriate substances. Some examples include, but are not limited to: broken teeth and torn nails, cuts and scratches. I understand that behavior changes quickly and accidents can't always be prevented. I will not hold Cloud K9, LLC responsible for injuries attained in this context.

If the dog becomes ill or if the state of the animal's health otherwise requires professional attention, Cloud K9, LLC in its sole discretion may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal, and the expense thereof shall be paid by the owner. This includes diarrhea, coughing, vomiting, or any other illness.

I agree to the above mentioned date and time for pickup. If for any reason (traffic, late plane, etc.) I will be late for my pickup time, I agree to give sufficient (at least two hour) notice. I understand that in

being late, I may forfeit my right to pickup on the established day, and will be charged for an extra night of boarding.

I understand that Cloud K9, LLC will be transporting my dog(s) back and forth between the residence and grooming shop. All pets will travel in the rear of the car, either free on the seat or confined to a travel crate, at my (the pet owner's) discretion. I will not hold Cloud K9 LLC liable for injuries resulting from a pet allowed to ride free. If my pet requires a travel crate, I will provide an appropriately sized crate for the duration of the board.

All charges incurred by the owner shall be paid upon pickup of the pet. I understand my pet will not be released until my bill is paid in full.

Owner Signature: _____

Date: _____