



CLOUDK9

CLOUD K-9, LLC DOG HIKING and BOARDING CLIENT INFORMATION

OWNER'S NAME _____ BEST WAY TO GET AHOLD OF YOU _____

CELL PHONE _____ WORK PHONE _____

ADDRESS _____

EMAIL _____

SPOUSES NAME _____

EMAIL _____

CELL PHONE _____ WORK PHONE _____

HOW DID YOU FIND OUT ABOUT US? _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

VET NAME _____ PHONE NUMBER _____

DOG'S NAME _____ BIRTHDAY/AGE _____

BREED _____ COLOR _____

SPAYED/NEUTERED _____

DOES YOUR DOG COME WHEN CALLED? _____

HAS YOUR DOG BEEN IN A DOG GROUP SITUATION BEFORE? _____

DID THEY ENJOY IT OR NOT? _____

WHAT WOULD YOU SAY IS YOUR DOGS TEMPERMENT? _____

HOW DOES YOUR DOG REACT TO SUBMISSIVE/DOMINANT DOGS? _____

IS YOUR DOG POSSESSIVE WITH TOYS OR FOOD? _____

DOES YOUR DOG HAVE ANY FEARS? _____

DOES YOUR DOG CHASE RABBITS? BIRDS? CATS? _____

CARS? TRUCKS? BIKES ? _____

DOES YOUR DOG COME BACK?

WHAT IS YOUR DOGS REGULAR EXERCISE PROGRAM? _____

DOES YOUR DOG HAVE ANY BAD HABITS; ROLLING IN STINKY THINGS OR EATING FECES? IF SO, WHAT ARE THEY? AND HOW CAN WE STOP THEM?

DOES YOUR DOG BARK A LOT, DIG OR CHEW THINGS? _____

ARE THERE ARE PAST INJURIES/ILLNESSES THAT WE SHOULD BE CONCERNED ABOUT?

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR DOG? _____

HOW DO WE PICK UP YOUR DOG AND DROP THEM OFF? GARAGE CODE? _____ KEYS? _____

SIGNATURE

DATE

PRINT NAME

THIS IS A WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND COVENANT NOT TO SUE AGREEMENT. PLEASE READ THOROUGHLY. ASK ANY QUESTIONS BEFORE SIGNING, AND RETAIN A COPY. YOUR SIGNATURE ACKNOWLEDGES THAT YOU FULLY UNDERSTAND THE TERMS OF THE AGREEMENT, BELIEVE IT IS FAIR AND REASONABLE, AND AGREE TO ITS TERMS. DO NOT SIGN IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS. YOUR SIGNATURE CONFIRMS THAT YOU ARE ALSO NOT AWARE OF ANY INCIDENTS IN WHICH YOUR DOG HAS SHOWN AGGRESSIVE, FIGHTING, OR BITING BEHAVIOR TOWARDS OTHER ANIMALS OR PEOPLE.

I understand that *Cloud K-9, LLC* will be providing transportation for my dog(s). I acknowledge that allowing *Cloud K-9, LLC* to transport my dog(s) involves risks of injury to my animal(s) during transport.

I understand the special risks of having my dog(s) walked off-leash by *Cloud K-9, LLC*, as well as the risk of having my dog(s) around other dogs, people, cyclists, and wildlife. These risks include but are not limited to, aggressive dogs, unpredictable behavior and lack of proper training, as well as the inexperience or irresponsibility of another dog owner who is completely unaffiliated with *Cloud K-9, LLC*. I acknowledge that *Cloud K-9, LLC* will take reasonable actions to minimize these risks, but I understand that it is not always possible for *Cloud K-9, LLC* to prevent injuries that may occur during off-leash activities. I understand that *Cloud K-9, LLC* specializes in off-leash hikes.

I will be responsible for the actions of my dog(s) if it causes any damage whatsoever, including but not limited to damage or injury to other dogs, people, or objects while in the care of *Cloud K-9, LLC*. I understand and agree that *Cloud K-9, LLC* is not responsible for any injury to or damage caused by my dog(s), while in the care of *Cloud K-9, LLC*.

I warrant that my dog(s) is suitable to be in the care of *Cloud K-9, LLC* and is not aggressive toward people or other animals. My dog(s) is obedient and capable of following instructions. I will immediately advise *Cloud K-9, LLC* of any problems with my dog(s) that could affect its behavior, health, or suitability for off-leash group activities.

I understand that *Cloud K-9, LLC* will recommend that all dogs be spayed or neutered prior to arrival.

In the event of illness or injury, I authorize *Cloud K-9, LLC* to take my dog(s) to the nearest veterinarian. I agree to pay for all veterinary care required, in the opinion of the veterinarian. I will notify my veterinarian that *Cloud K-9, LLC* will be caring for my dog(s) while I am away and leave my credit card on file with them. *Cloud K-9, LLC* will contact me or my emergency contact at the telephone numbers listed on the 'Client Info' sheet. If the Owner/Emergency Contact cannot be reached, *Cloud K-9, LLC* is permitted to make any necessary decisions regarding the health and wellbeing of my dog(s).

I acknowledge that having my dog(s) in the company and environment of other dogs may involve risks regarding the contraction of illness. I am fully aware and understand that regular vaccinations cannot completely guard against illness and disease, and that *Cloud K-9, LLC* cannot in any way prevent, nor are they responsible for, any illness that my dog might contract.

I agree to indemnify and hold harmless *Cloud K-9, LLC*, it's members, directors, officers, agents, managers, employees and subcontractors (the "Indemnified Parties") from all current and future, foreseen and unforeseen actions, expenses, judgements, damages, claims, losses or liabilities of any kind, including those arising out of their negligence or carelessness, and including attorney fees incurred and in defending against any of the same, that may arise from or in connection with, my dogs participation with *Powers with Animals*, including personal injuries or death to/of my dog(s).

Agreed and accepted this _____ day of _____, 20____

My signature on this document indicates that I have completely read the above statements and understand all of the terms.

Owner Signature:

Print Name: