

# CAVORTING K9s RETREAT - DOG PROFILE

*If your information has changed in the last 2 years, please fill out the form again.  
(Please print)*

Owner's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_

*(Your personal information will only be used to inform you of Retreat announcements, newsletters, events or rate changes. It will not be given out without your consent.)*

1. Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ License/Tattoo/Microchip #: \_\_\_\_\_  
(dd/mm/yy)

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex:  male  female  neutered/spayed  intact\*

\*If an intact female, when are her heat cycles expected? \_\_\_\_\_

How much do you feed your dog? \_\_\_\_\_ Cups  AM  PM Which dogfood brand? \_\_\_\_\_

Allergies (please specify): \_\_\_\_\_  
*If there are specific medications/supplements or diets we must follow, please attach a separate sheet.*

2. Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ License/Tattoo/Microchip #: \_\_\_\_\_  
(dd/mm/yy)

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex:  male  female  neutered/spayed  intact\*

\*If an intact female, when are her heat cycles expected? \_\_\_\_\_

How much do you feed your dog? \_\_\_\_\_ Cups  AM  PM Which dogfood brand? \_\_\_\_\_

Allergies (please specify): \_\_\_\_\_  
*If there are specific medications/supplements or diets we must follow, please attach a separate sheet.*

Vaccinations Up-To-Date?  Yes  No Date Due (dd/mm/yy): \_\_\_\_\_ Bordatella?  Yes  No

*(If you self-vaccinate, or do not follow a yearly vaccination program, we must be assured that your dog is under the care of a certified vet.)*

**A.** Does your dog have any health issues that we need to know about? *Please check all that apply.*

Epilepsy  Deafness  Blindness  Arthritis  Other (please specify) \_\_\_\_\_

Old Injuries (please specify): \_\_\_\_\_

## In Case of Emergency...

Veterinarian's Name: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

Emergency Contact (family member, neighbor): \_\_\_\_\_

Phone or Cell Number: \_\_\_\_\_

**B.** Does your dog have any behavioural issues that we need to know about? *Please check all that apply.*

Noisy/Barker  Fence Climber/Jumper/Escape Artist  Digger  Destructive/Chewer

Timid/Shy  Separation Anxiety  Dog Aggressive\*  People Aggressive\*

Other (please specify): \_\_\_\_\_

If you checked off dog or people aggressive\*, please indicate the situation(s) that may trigger the aggression:

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about your dog?

If this is your first visit to the retreat, who can we thank for your referral (please print)? \_\_\_\_\_

# CAVORTING K9s RETREAT

Cavorting K9s Retreat agrees to exercise due and responsible care and to keep our premises sanitary and property enclosed in the course of looking after visiting animals. All animals are to be fed as to retreat specifications or as per the owner's instructions. All animals will be housed in clean, safe quarters.

All animals are boarded, handled or cared for by us without liability on our part for loss or damage from disease, death, running away, theft, fire (or other unavoidable causes), injury to persons, other dogs or property by said animal, due diligence and care having been exercised.

## **All animals are boarded at the sole risk of the owner.**

### **Veterinary Care**

It is understood that all animals must be under the regular care of a certified veterinarian; that all vaccinations (& medications) as prescribed by said veterinarian are current; & that said animal has not been exposed to distemper or rabies within the last thirty days.

If the animal becomes seriously ill, the owner shall be notified as soon as possible by phone. **If it is in the judgment of the Retreat that the state of the animal's health reasonably demands quick action, the Retreat is hereby authorized to call a veterinarian of its choosing or take the animal to said veterinarian.**

**In the event that a [redacted] dog requires life-saving veterinary care or procedures, the Retreat is authorized to spend \$ [redacted]. In the event that death is not preventable, I/we ask that the remains**

**a)** be given a private cremation (*ashes returned*)

**b)** be given a general cremation (*ashes not returned*)

**c)** be disposed of at the veterinarian's discretion.

***Veterinary expenses shall be promptly paid for by the owner of the animal, upon its return.***

**Signature of Owner**

Any known medical condition(s) or aggressive behaviours must be disclosed upon delivery of the animal to the Retreat or upon the pick up of the animal at the daycare facility. For the health and safety of animals in our care, Cavorting K9s Retreat reserves the right to refuse any dog that shows signs of contagious ailments (canine cough, mange, parasites as examples).

### **Important Note!**

The nature of Cavorting K9s Retreat is such that dogs in our care have the freedom to run & play with all the other dogs in our care, providing they get along. We do not have a "sterile" kennel environment, where each dog has an isolated kennel & dog run and no interaction with other dogs. Our location in the foothills of Alberta exposes us to the **possibility** of wild animals that may carry parasites, such as lice and/or fleas. This is the same risk that *any open field or park area* in Calgary could expose to your dog(s) and these parasites can be transferred by air, grass or dog-to-dog touch.

Although we do not insist that your dog be treated for canine cough or parasites (lice, fleas, worms), it is highly recommended that any necessary precautions be taken prior to, or following, your dog's visit – both for the well-being of your dog and for others. Our own dogs are treated with Revolution, a topical skin treatment for parasites (such as lice, ticks, fleas, roundworms, heartworm) as a precaution.

It is expressly understood and agreed that all *unpaid charges* shall become a *lien on the animal* until they are paid in full, that the animal may not be released until payment is received and/or any outstanding balances will be subject to interest charges (calculated at a rate of 2% per month). The owner represents that he is the sole legal owner of the said animal, that title to said animal is not mortgaged in any way and that **no dog is to be taken off the premises except by prior consent of the owner.**

It is also understood and agreed to that, unless alternate arrangements are made, **any animal not picked up 2 weeks after the date designated at the time of booking will be considered abandoned** and will be "disposed" of as stipulated in the Animal Protection Act.

*I hereby acknowledge that I have had the opportunity to read all of the above and agree, as the owner of the animal, to the foregoing.*

Date (dd/mm/yy)

Owner's (Agent's) Signature