

Are these pets spayed/neutered? If not. Why?

Have you ever had a pet euthanized? If so, why?

Have you ever lost a pet to an accident?

How do you discipline your pets and why?



Do you have a regular veterinarian? _____ Yes _____ No

Veterinarian's name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone: _____

(Providing Cloud9 Pet Hotel & Care with this information you are allowing Cloud9 Pet Hotel & Care to call your vet. Please call your vet and ask them to authorize the release of information to Cloud9 Pet Hotel & Care.)



ABOUT THE PET YOU WISH TO ADOPT

Where will the pet spend the day? (describe)

Where will the pet spend the night? (describe)

Number of hours (average) pet will spend alone? _____

Who will have primary responsibility for this pet's daily care? _____

Who will have financial responsibility for this pet? _____

Are pets allowed in your building/villa compound? _____ Yes _____ No

Do you agree to provide regular health care by a Licensed Veterinarian? _____ Yes _____ No

Do you agree to keep the pet as an indoor pet? _____ Yes _____ No

When the pet goes out, how do you plan to supervise it? _____ Dog Leash _____ Fenced yard

Do you agree to contact Cloud9 Pet Hotel & Care if you can no longer keep this pet? _____ Yes _____ No

How did you hear about Cloud9 Pet Hotel & Care? ___ News ___ Print ___ Social Media ___ Others

Would you be interested in fostering? _____ Yes _____ No _____ Would like to know more

If yes Cloud9 Pet Hotel and Care allows to foster pet (Dog/Cat) for 7 days(Week) time and you as a foster family will call if pet will be returned back to us or will be adopted forever. Vaccination book or record will only be provided once the full medical expenses has been paid.

Pets that are in young age (Puppies/Kittens) once adopted all medical expenses will be charged upfront for vaccinations, Neutering and Spaying surgery that will be done in future once adopted pet reach their age limit to be fixed/sterilized.



PERSONAL REFERENCES

Please list someone who is familiar with both you and your pets.

Name: _____ Phone: _____

Address: _____

Relationship (relative, neighbor, friend, etc.): _____

Name: _____ Phone: _____

Address: _____

Relationship (relative, neighbor, friend, etc.): _____

Terms and conditions

I agree to adopt a pet from Cloud9 Pet Hotel & Care under the following conditions:

- Pet will not be kept alone for long periods, or not well looking after.
- I understand that the pet might not be potty trained.
- If under unforeseen circumstance I would have to rehome the pet, I agree to ONLY hand him/her back over to Cloud9 Pet Hotel & Care and never to rehome myself or sell the pet.
- I agree that I will be prepared & ready to relocate my pet with me in case I have to leave the country.
- I agree to pay an adoption fee for the pet I adopt, which be specified for each individual animal.

Adoption fee covers the for each animal, e.g. vaccinations, spaying/neutering so to continue what we do, those funds need to be reimbused. Completing this adoption form is not binding for you to adopt, nor is it a comfirmation from our side that you can indeed adopt the pet.

All of the information I have given is true and complete. I'm aware of the adoption fee I need to pay. This dog will reside in my home as a pet. I will provide it with quality dog food, plenty of fresh water, indoor shelter, affection, annual physical examination and vaccinations under the supervision of a Licensed Veterinarian.

DATE:

SIGNATURE: