

Application & Questionnaire

Please fill out and sign the application and waiver of liability and send in with payment.

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Vet Name: _____ Vet Phone: _____

Rabies Tag # (Please include a copy of the rabies certificate): _____

How may we help you? _____

What are you hoping to accomplish with your training? _____

Number of people living in the house and their ages? _____

What's your dog's name? _____

Male Female Spayed/Neutered If not spayed/neutered, why? _____

What breed or mix? _____

Age of dog now: _____ Age of dog when obtained: _____

Where did you get your dog? _____

Any other pets? *Please list including name, breed, and how long they have lived with you:*

Does the dog have any health issues? _____

If yes, please explain: _____

Please list any medications your dog is on: _____

What do you feed your dog? _____

Please list any Vitamins or Minerals you give your dog: _____

Is this your first time owning a dog? Yes No Puppy? Yes No Adult? Yes No

Does your dog use a crate regularly? Yes No

How often is your dog left alone in the house? _____

Where is your dog when left alone in the house? _____

How does your dog act being left alone? _____

Have you ever taken your dog to an obedience class? Yes No

If so, where & what class: _____

Have you ever had private dog training? Yes No

If so, with whom & what training: _____

If you go near or touch your dog's food or dish when he is eating, will he show teeth, snap or "freeze" in place?

Yes No Explain: _____

If your dog has a treasured object in his mouth and you try to take it from him, will he show teeth, snap or "freeze" in place?

Yes No Explain: _____

If your dog is on your bed or the furniture and you try to ask him to move or get off, will he show teeth, growl or snap?

Yes No Explain: _____

What is his/her typical reaction when meeting or seeing other dogs? _____

What is his/her typical reaction when meeting or seeing people? _____

Have you ever been concerned about your dog's interaction with family or non-family members?

Yes No Explain: _____

Does your dog chew destructively when you're home? Yes No

Does your dog chew destructively when you're not home? Yes No

How much exercise does your dog get each day? _____

What kind/type of exercise? _____

How many hours is your dog alone each day? _____

How many times has your dog bitten another dog? _____ How many times has your dog bitten a person? _____

Please list three things you love about your dog: _____

How did you hear about K9 Korral Obedience Training Center,inc? _____

Please read the Payment Policy, Cancellation Policy, and Class Rules on the K9 Korral website.

Name of Class: _____

Date/Time: _____

Waiver of Liability:

K9 Korral Obedience Training Center, Inc and or K9 Massage & Body Works, Inc will endeavor to create as safe an environment as possible for the class or private training of my dog and will endeavor to offer only sound, safe, and responsible training and training instructions. However, I recognize that K9 Korral Obedience Training Center, Inc and or K9 Massage & Body Works, Inc is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service. Further, I am and will remain responsible for the actions of my dog at all times. I hereby agree to abide by the rules and policies of K9 Korral Obedience Training Center, Inc and or K9 Massage & Body Works, Inc training private instruction or classes as set forth in this contract. I understand that attendance of dog training classes or private instruction is not without risk to myself, members of my family, guests who may attend, or to my dog. In consideration of, and as inducement to the acceptance of my application for training membership in this training class or private instruction, I hereby agree to indemnify and hold harmless K9 Korral Obedience Training Center, Inc and or K9 Massage & Body Works, Inc its officers, directors, instructors, agents, employees and/or representatives of any and all claims, or claims by any member of my family, or accompanying guests of mine of injury, expense, costs or damages to myself, my dog or any handler sponsored by me both in class and out of class or private instruction. In addition, I agree that I will defend and indemnify K9 Korral Obedience Training Center, Inc and or K9 Massage & Body Works, Inc for any injury, expense, costs or damages to any dog handlers or dogs, whether sponsored by me or not, or to third parties arising out of my own actions or the actions of my dog. I have read the above-stated provisions, and agree to accept those responsibilities.

I have completely read and agree to the Waiver of Liability.

I have completely read and agree to the Payment Policy, Cancellation Policy, and Class Rules.

Signature of Parent or Guardian

Date