



DOG TRAINING

INTAKE FORM

Today's Date: _____

CONTACT INFORMATION

Owner's Name: _____ Phone: () _____

Email Address: _____

Home Address: _____

Dog's Name: _____ Breed: _____

Age: _____ Year Adopted: _____ Gender: F / M

Spayed/Neutered: Y / N / Not Sure Current Vaccines: Y / N / Not Sure

GENERAL BACKGROUND

Did your dog have any previous owners? Y / N When? _____

Have you owned this breed before? Y / N Number? _____

Where did you get your dog? Breeder / Shelter / Family/Friend / Stray

Where does your dog spend most of their time? Indoor / Outdoor / Both

My dog is usually: Supervised / Unsupervised / Kenneled / Fenced

Food Brand: _____ Amount: _____ Per Day: _____

Snacks: _____ Amount: _____ Per Day: _____

Exercise: _____ Amount: _____ Per Day: _____

MEDICAL INFORMATION AND HISTORY

Vet's Name: _____ Phone: () _____

Clinic Address: _____

Month/Year of Last Visit: _____ Reason: _____

Date Last Vaccinated: _____ Vaccines Given: _____

Proof of current vaccines and spay/neuter certificates must be provided to continue training services.

May we contact and discuss health and behavioral issues with your veterinarian?
If yes, please sign and date below:

Signature: _____ Date: _____



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TRAINING HISTORY

Please check all that apply:

Not trained yet: Why?

Trained ourselves: How long?

Basic Group: How long?

Private Training: Trainer, how long?

Check behaviors your dog knows:

Sit

Stay

Come

Leave it

Down

Loose leash

Give

Wait

Go to place

Off

Others (include any tricks):

EXERCISE

1. How often does your dog get exercise?

2. What type of exercise?

3. How long does your dog exercise?

My signature below acknowledges that I have provided information to the best of my knowledge of my dog.

Print: _____

Date: _____

Signature: _____



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LIABILITY WAIVER

I recognize and acknowledge that the use of Valley Animal Center and its surroundings, including the Dr. James W. Thornton Dog Park, used for participating in dog activities and training entails certain risk of damage, loss or injury to animals, persons or property including myself, other persons, my dog and other dogs or animals.

I voluntarily agree to assume the full risk of and responsibility for any injuries, damage, loss, liability, cost and expenses, regardless of severity, that (a) I, or my dog might sustain or incur as a result of my use of this facility and surrounding area or my participation in any and all activities connected with, or associated with, the use of Valley Animal Center and surrounding area; and (b) any other person or animal might sustain as a result of me or my dog's actions or conduct in connection with, or associated with, the use of this facility and its surrounding area.

I do hereby agree to waive, relinquish, release, and forever discharge (a) Valley Animal Center and its employees and (b) any volunteer assisting or working on behalf of Valley Animal Center from any and all claims or causes of action for injuries, damage, loss, liability, or expenses that I may have or which accrue hereafter to me or any other person claiming through me or on my behalf and arising out of, connected with, or in any way associated with the use of Valley Animal Center or the surrounding area in the grounds.

I further agree to indemnify and hold harmless and defend (a) Valley Animal Center and its employees and (b) any volunteer assisting or working on behalf of Valley Animal Center from and against and all losses, claims, damages, liabilities, causes of action, and expenses (including, but not limited to court costs and attorney fees), occurring, growing out of, incident to, or resulting directly or indirectly from my use of this facility and surrounding area, including without limitation any losses, claims, damages, liabilities, causes of action and expenses on account of personal injury to death of any person or animal, or damages to property of any person or entity.

By signing below, I affirm that I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Print: _____

Date: _____

Signature: _____