

DOG TRAINING INTAKE FORM

Today's Date:

CONTACTINECDMATION							
CONTACT INFORMATION							
Owner's Name:		Phone: <u>()</u>					
Email Address:							
Home Address:							
Dog's Name:							
Age: Year Ade	opted:	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							
Vet's Name:		Phone: ()					
Clinic Address:							
Month/Year of Last Visit:		Reason:					
Date Last Vaccinated:							
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:					



Please check those that apply:

DOG TRAINING BEHAVIORAL

Aggression (describe below)	 Excessive attention-seeking 		
Jumps on people	 Stool consumption 		
Mouthing/nipping	 Anxious when alone 		
O Urinates in home	 Destructive when alone 		
Steals food/objects/trash	Digging in yard		
Guards food/objects/people/trash	O Defecates in home		
O Play biting	Escapes from home/yard		
Excessive vocalization	Jumps on furniture		
Threatens to bite people/pets	 Understands but will not obey 		
○ Fearful	Prey drive		
O Pulling on leash	Dog aggression		
Destructive chewing	 Cat aggression 		
Opor darting	Other (describe below)		
Describe any other behavioral issues:			



DOG TRAINING ENVIRONMENT/LIFESTYLE

1.	Who will be responsible for practicing training exercises with the dog?						
2.	Does your dog belong to any particular person in the household?						
3.	Do any household members dislike or are fearful of the dog?						
4.	4. Is the dog fearful of any person in the household?						
5.	5. Is anyone in the household not willing to participate in training the dog?						
List all people, including yourself, who live in your household:							
	Full Name	Age	M/F	Relation To Owner			



Signature:

DOG TRAINING 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 leashGiveWaitGo to place Off Others (include any tricks): **EXERCISE** 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:



DOG TRAINING 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:	Date:		
Signature:				