



Canine Training Team Client Information and Service Agreement

Client & Dog Information

Name:	Home/ Cell Phone:
Address:	Email:
Dog's Name:	Breed/ Age/ Sex/ Intact:

Health Information

Vet Office/ Vet's Name:	Phone:
Current Medications:	Reason(s) for Meds:
Important Medical History Notes: Current health problems/Medications: <input type="radio"/> Yes <input type="radio"/> No (If yes please describe) Past medical conditions/Treatment: <input type="radio"/> Yes <input type="radio"/> No (If yes please describe) Does your dog have any allergies, including food allergies? <input type="radio"/> Yes <input type="radio"/> No (If yes please describe) Is your dog easily handled by the vet staff? <input type="radio"/> Yes <input type="radio"/> No Has he/she ever had to be muzzled? <input type="radio"/> Yes <input type="radio"/> No May we contact and discuss health and behavioral issues with your veterinarian? <input type="radio"/> Yes <input type="radio"/> No If yes, please initial here:_____	

How did you hear about us?

Veterinarian Former client Internet Advertisement Breeder
Rescue/Shelter Pet-related business Other: _____

Where did you obtain your dog? Breeder Individual Shelter Rescue Group Pet Store
 Friend/Relative Found stray Other: _____

How long have you had your dog? _____ Were there previous owners? _____
If yes, why was the dog given up?

Why did you get your dog?

ENVIRONMENT/LIFESTYLE:

Where is your dog kept when you are not at home? Indoors not confined Indoors confined
 In yard not confined In yard confined to dog run In yard tied out or chained Other:

If indoors, is your dog ever confined (crated, penned) while you are home? Yes No How?

Where does your dog sleep at night?

_____ In a crate? Yes No

Do you have other pets? Yes No What kind, breed, age, sex, neutered?

How does your dog get along with the other pet?

DIET AND ELIMINATION:

What type of food do you feed? (e.g., raw, dry kibble, canned)

How often? _____ How much? _____ At approximately what times? _____

Does your dog finish all food at meals? Yes No

Does your dog receive other treats/chewies? Yes No

Frequency/type: _____

Has your dog ever become possessive of his food or a treat? Yes No Please describe in as much detail as possible:

Is your dog reliably housetrained? Yes No

Is your dog crate trained? Yes No

Paper/pad trained? Yes No

Do you have a dog door? Yes No

EXERCISE:

What type of exercise does your dog get?

How long does the exercise last/how often is it provided? (For example, "a 15-minute walk three times daily," or "plays with neighbor's dog for an hour once a week.")

If walks are provided, what type of collar and leash is being used?

Does your dog ever become reactive toward other dogs or people on walks? Yes No

TRAINING:

No training yet Trained him ourselves Puppy Group Basic Group Inter. Group

Advanced Group Private Lessons Sent to trainer

If group class, did you complete the course? Yes No

Who will be responsible for practicing training exercises with the dog? _____

Does your dog "belong to" a particular household member (e.g., son) or everyone? _____

Do any household members dislike the dog, and if so, why?

Are any household members frightened of the dog, and if so, why?

Is the dog frightened of any household members, and if so, why?

Check all that your dog knows:

Sit _____ Down _____ Stay _____ Come _____ Walk nicely on leash _____ Leave it _____

Give _____ Wait _____ Go to your place _____ Quiet _____ Off (furniture or when jumps up) _____

Others (including tricks):

Check the behaviors that apply to your dog:

- Aggressive (describe below)
- Fearful (describe below)
- Anxious when alone
- Jumps on people
- Pulls on leash
- Destructive when alone
- Mouthing/nipping
- Chews furniture/property
- Digs in yard
- Urinates in house
- Urinates when excited
- Defecates in house
- Steals food/objects/trash
- Darts out doors/gates
- Escapes from yard
- Guards food/toys/chewies/other
- Excessive attention-seeking
- Jumps on furniture
- Play biting
- Stool consumption
- Understands but will not obey
- Excessive vocalization when alone
- Excessive voc. when we're home
- Other (describe below)
- Threatening/biting family members
- Threatening/biting strangers
- Threatening/growling at other animals

Please describe your main behavior concerns: _____

Liability Waiver & Policies

1. The Pend Oreille Pet Lodge will endeavor to create as safe an environment as possible for the training of my dog and will offer only sound, safe, and responsible training and instructions. Pend Oreille Pet Lodge will not be responsible for any unintentional or negligent errors, omissions, or incorrect assertions. I have been told by Pend Oreille Pet Lodge and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others, and consequently I am and will remain responsible for the actions of my dog at all times, and I hereby agree to indemnify and hold harmless Pend Oreille Pet Lodge and trainer of any and all claims of injury, expense, costs, or damages caused by my dog. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.

2. I authorize Pend Oreille Pet Lodge to take my dog into public spaces during his/her stay for the purpose of training my dog.

3. If you have left your pet with the kennel or trainer and the trainer determines that your pet is ill or injured and requires medical attention, the trainer will first call the phone numbers listed above regarding your pet's symptoms, treatment option and estimates of cost. If no one can be reached however, please indicate below so the trainer and Pend Oreille Veterinary Service and Pet Lodge can make important decisions for your pet in your absence.

I authorize Pend Oreille Pet Lodge to administer or seek medical care for my dog(s) as determined appropriate by Pend Oreille Pet Lodge and I agree to indemnify and hold harmless Pend Oreille Pet Lodge for all and any results thereof. I will reimburse Pend Oreille Pet Lodge for any charges related to emergency care, including office visits, procedures, medications, surgeries, etc.

I DO NOT authorize Pend Oreille Pet Lodge to administer or seek medical care for my dog(s) as determined appropriate by Pend Oreille Pet Lodge and I agree to indemnify and hold harmless Pend Oreille Pet Lodge) for all and any results thereof.

4. Payment/ Cancellation Policy: I understand that under no circumstance are deposits or monies paid toward training at The Pend Oreille Pet Lodge refundable or transferable. I also understand that I am responsible for payment in full regardless of whether I choose to complete the training program. The Pend Oreille Pet Lodge Canine Training Team reserves the right to terminate training services at any time due to non-compliance and/or lack of cooperation from the client. I will arrive to training sessions on time and understand that tardiness shall result in missed training time.

Private Lessons: We require a minimum of **48 hours** advance notice for cancellation or reschedule of private lessons. Failure to give appropriate advance notice and "No- Shows" will result in session forfeiture. The first visit is considered session #1 of program and all package sessions must be completed within a four-month period from purchase date.

Group Classes: Due to limited number of registration slots available: we offer a 100% refund for cancellations at least 7 days prior to the start date of the first class. We do not offer any refunds for cancellations less than 7 days before the start date of the first class. There are no make-up lessons for class sessions that you miss. You can schedule a (50% discounted rate) private lesson for a missed session within 30 days of the missed class session.

5. Vaccine Policy: I agree that the above- stated dog is current on (age appropriate) vaccinations that have been administered by a veterinarian. Including **Bordetella (every 6 months)**, DHPP, and Rabies. I understand that I must provide appropriate documentation prior to the first visit.

6. Photo/ Video Release: I authorize Pend Oreille Pet Lodge to use my pet's photograph(s) and/or video(s) taken during training sessions for educational and promotional purposes in any type of media.

Signature: _____

Date: _____