



Foranimalssm

DOG TRAINING CLASS REGISTRATION

| |
|--------------------|
| NAME OF CLASS |
| STARTING DATE/TIME |

FORANIMALS • LEEA FORAN • 44 WEST MOUNTAIN ROAD • LENOX, MA 01240 • 413-445-8843 • www.trainingforanimals.com

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____

WORK PHONE _____

EMAIL _____

DOG'S NAME _____

AGE _____ BREED _____

SEX _____ NEUTERED/SPAYED _____

HOW LONG HAVE YOU LIVED WITH THIS DOG? _____

WHERE DID YOU GET THE DOG? _____

NAME OF VETERINARIAN _____

DAILY SCHEDULE

Time spent indoors _____% outdoors _____% How long left alone on an average day? _____ hours

Indoor Space: ___ free run of the home ___ restricted to certain areas ___ crated (when/how long?) _____

Outdoor Space: ___ free run of fenced in yard ___ kenneled ___ kept on chain/run ___ only out on leash

Diet: ___% dry ___% canned ___% human food primary brand _____

Exercise: Describe type, frequency, duration _____

SOCIAL CONTACT & TEMPERAMENT

Family members at home: adults _____ children/ ages _____ other pets: _____

Amount of contact with other adults and/or children: ___ None ___ Infrequent ___ Daily-weekly

Response to unfamiliar people: ___ Friendly ___ Cautious ___ Avoids ___ Growls ___ Snaps ___ Barks ___ Lunges ___ Bites

Amount of contact with other dogs: ___ None ___ Infrequent ___ Daily-weekly

Response to unfamiliar dogs: ___ Friendly ___ Cautious ___ Avoids ___ Growls ___ Snaps ___ Barks ___ Lunges ___ Bites

Describe your dog's personality (check all that apply):

___ Friendly ___ Eager to please ___ Nervous/Anxious ___ Temperamental ___ Bossy/Stubborn ___ Aloof ___ Shy/Timid ___ Unpredictable

___ Aggressive to People ___ Aggressive to Dogs ___ Energetic ___ Lethargic ___ Confident ___ Quiet ___ Loud ___ Submissive ___ Playful

___ Hyperactive ___ Independent ___ Afraid of _____

MEDICAL INFORMATION

Is your dog under current veterinary supervision/medication for any health or behavior problem? Describe.

Does your dog have any physical limitations that would effect his/her mobility, stamina, or willingness to be in a group training?

Do you as the dog's handler have any physical limitations that would effect your ability to participate in the training?

NOTE: A copy of your dog's vaccinations (or titer) will be required before you start the class.

___ Vaccination records enclosed ___ I will bring records to the first class

Is this your first puppy? ___ Yes ___ No Is this your first group training experience? ___ Yes ___ No

PLEASE CONTINUE ON THE OTHER SIDE 

GOALS

What do you most want to accomplish in this training?

What are your long term goals for your dog? (check all that apply)

- a well mannered family companion competitive showing (breed showing, obedience, agility)
- service/therapy work hunting, tracking, herding or athletic companion
- I plan to breed my dog

PAYMENT

Full payment is required to guarantee your registration.

Please enclose a check or money order made payable to: Foranimals.

Mail completed form and payment to Foranimals, Leea Foran, 44 West Mountain Road, Lenox, MA 01240.

Phone: 413-445-8843. Email: info@trainingforanimals.com.

You will be notified by phone or email once your registration and payment have been received. Fees are non-refundable unless a class is cancelled. Weather cancellations will be rescheduled.

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I understand that attendance at a dog training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release Foranimals, its staff, instructors, assistants and volunteers, from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training sessions or other function, or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership in this dog training class, I hereby agree to indemnify and hold harmless Foranimals, its staff, instructors, assistants and volunteers from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

Signature of Owner or Authorized Agent

Signer must be over 18 years of age

Date

How did you learn about this training class?

OFFICE USE ONLY

Received: Registration form Payment Vaccination records

Confirmed by _____ phone _____ email _____ Date _____