

DOG TRAINING FORM



100 Animal Avenue
Sanford, NC 27330
919-776-0076
raezorgbd.office@gmail.com

OWNER'S NAME: _____

DOG'S NAME: _____ DATE OF BIRTH/AGE: _____

BREED: _____ WEIGHT: _____

COLOR: _____ GENDER: MALE FEMALE

IS YOUR DOG SPAYED OR NEUTERED?
 YES NO

HOW LONG HAVE YOU OWNED YOUR DOG?

IF NOT, DO YOU HAVE PLANS TO SPAY OR NEUTER YOUR DOG?
 YES NO

WHERE DID YOUR DOG COME FROM?

IF YOUR DOG IS A RESCUE/ADOPTION, DESCRIBE WHAT YOU KNOW ABOUT THEIR PRIOR HISTORY:

LIST YOUR DOG'S PAST AND CURRENT MEDICAL ISSUES AND/OR ALLERGIES:

BRAND OF FOOD YOU FEED YOUR DOG: _____

AMOUNT OF FOOD GIVEN AT EACH FEEDING: _____

DESCRIBE YOUR DOG'S FEEDING ROUTINE: _____

LIST THE PEOPLE AND AGES OF EVERYONE LIVING IN YOUR HOUSEHOLD:

LIST ALL THE PETS LIVING IN YOUR HOUSEHOLD:

<p>IS YOUR DOG HOUSE BROKEN?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>	<p>IS YOUR DOG CRATE TRAINED?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>
<p>WHAT ARE THE ARRANGEMENTS FOR YOUR DOG WHEN YOU ARE NOT HOME?</p>	<p>WHAT ARE YOUR DOG'S SLEEPING ARRANGEMENTS?</p>
<p>WHAT TRAINING SERVICES ARE YOU INTERESTED IN?</p> <p><input type="checkbox"/> DAY TRAINING (INCLUDES DAYCARE)</p> <p><input type="checkbox"/> TRAINING CLASS</p> <p><input type="checkbox"/> 30-MINUTE PRIVATE TRAINING SESSION</p> <p><input type="checkbox"/> 60-MINUTE PRIVATE TRAINING SESSION</p>	<p>DESCRIBE YOUR DOG'S DAILY EXERCISE/ACTIVITY ROUTINES:</p>
<p>DESCRIBE ANY PREVIOUS TRAINING YOU AND/OR YOUR DOG HAVE HAD:</p>	<p>WHAT TRAINING METHODS DO YOU USE AT HOME?</p> <p><input type="checkbox"/> TREATS</p> <p><input type="checkbox"/> PRAISE</p> <p><input type="checkbox"/> VERBAL CORRECTIONS</p> <p><input type="checkbox"/> PHYSICAL CORRECTIONS</p> <p><input type="checkbox"/> OTHER: _____</p>
<p>WHAT GOALS DO YOU HOPE TO ACHIEVE DURING TRAINING?</p>	<p>HOW MUCH TIME DO YOU HAVE TO DEVOTE TO CONSISTENT TRAINING AT HOME?</p>
<p>HAS YOUR DOG EVER BITTEN ANOTHER PERSON OR ANIMAL?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p> <p>IF SO, PLEASE DESCRIBE:</p>	<p>HAS YOUR DOG EVER BEEN SERIOUSLY INJURED BY ANOTHER ANIMAL?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p> <p>IF SO, PLEASE DESCRIBE:</p>
<p>I understand that dog training includes learning and reinforcing the training methods, terminology, and techniques in private sessions, day training, and/or class programs. The trainer will make every reasonable effort to help the client achieve training and behavior modification goals but makes no guarantee of your dog's performance or behavior as a result of providing professional animal behavior consultation. The client understands that they and the members of their household must follow the trainer's instructions without modification, work with the dog daily as recommended, and constantly reinforce the training being given to the dog.</p> <p>SIGNATURE: _____ DATE: _____</p>	

**DOG TRAINING WAIVER &
RELEASE FORM**



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- I understand that dog training may involve risk to myself, members of my family, or my dog. I assume all risks associated with participating in this training class and will not hold Rae-Zor Grooming, Boarding & Daycare (RGBD) or its instructors responsible in the event of injury to myself, family members, or my dog. I agree to comply with the instructions, rules, and decisions of the training instructor as it relates to me or my dog's ability to safely complete this course. I also agree to assume all responsibility for any damage done to the property, persons, or other dogs done by the actions of my dog or me.
- I understand that there will be no refund of tuition after the evaluation. I also understand that there are no regular scheduled make-up sessions for classes, and if I miss a class meeting, the course instructor will update me by appointment only.
- I understand that all dogs participating in the training program of RGBD must be free of any infectious disease and must be current on all appropriate vaccinations, including **Distemper/Parvo, 6-Month Bordetella, Canine Influenza, Rabies, Negative Fecal Exam, Heartworm Test/Prevention, and Flea/Tick Prevention**. Owners are responsible for providing us a copy of your most recent vaccination records. **INITIALS:** _____
- I understand that neither RGBD nor its instructors guarantee the results of the training program. Furthermore, it is my duty as the owner to follow through with practicing all training methods consistently in the manner that was demonstrated by the instructor.
- I understand training is something you do **WITH** your dog, not **TO** your dog. Training is a wonderful opportunity to build a solid foundation of learning and understanding in the relationship you have with each other. Training is growing knowledge for both you and your dog with patience and motivation. It is not a quick fix for problems, nor does it guarantee bad behaviors will never happen. However, it does give us the tools to overcome those situations.

OWNER'S NAME: _____

DOG'S NAME: _____

SIGNATURE: _____ DATE: _____