

Affectionate Pet Care

DOG TRAINING CLASS REGISTRATION FORM

CLASS TITLE: _____ START DATE: _____ TIME: _____

OWNER'S NAME: _____ STREET ADDRESS: _____

CITY, STATE, ZIP: _____ HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____ EMAIL ADDRESS: _____

DOG'S NAME: _____ BREED (OR MIX): _____

GENDER: M NM F SF DATE OF BIRTH: ___/___/___

HOW LONG HAVE YOU HAD YOUR DOG? _____ YEARS _____ MONTHS

IS YOUR DOG:

CRATE TRAINED? Y N

HOUSE TRAINED? Y N

SHY OR EASILY FRIGHTENED? Y N

AGGRESSIVE TOWARDS PEOPLE? Y N

AGGRESSIVE TOWARDS OTHER DOGS? Y N

UNFRIENDLY TOWARDS OTHER DOGS? Y N

CAN YOU REMOVE FOOD, TOYS, OR OTHER ITEMS FROM YOUR DOG? Y N

HAS YOUR DOG EVER BITTEN A PERSON OR ANOTHER DOG? Y N

IF YES, PLEASE EXPLAIN. _____

DOES YOUR DOG HAVE ANY MEDICAL CONDITIONS? Y N

IF YES, PLEASE DESCRIBE. _____

IS YOUR DOG CURRENTLY TAKING ANY MEDICATIONS (EXCLUDING HEARTWORM PREVENTATIVE AND FLEA/TICK CONTROL)?

Y N

IF YES, PLEASE LIST. _____

IS THIS THE FIRST TIME YOU HAVE ENROLLED A DOG IN A TRAINING CLASS OR WORKED WITH A PROFESSIONAL DOG TRAINER? Y N

IF NO, WHERE AND WHEN HAVE YOU TRAINED BEFORE? _____

WHAT ARE YOUR TRAINING GOALS? _____

ARE YOU EXPERIENCING ANY SPECIFIC PROBLEMS WITH YOUR DOG? PLEASE EXPLAIN.

ARE YOU INTERESTED IN TRAINING BEYOND BASIC MANNERS? Y N

IF SO, WHAT ACTIVITIES ARE YOU INTERESTED IN (THERAPY WORK, COMPETITION OBEDIENCE, SEARCH AND RESCUE, AGILITY, FLYBALL, DISC DOG, RALLY OBEDIENCE, ETC.)

Affectionate Pet Care Center's

Dog Training Agreement

Our methods:

We use only positive reinforcement, gentle methods in our Training Programs. Our instructors use a combination of lure/reward and clicker training because they are effective, fun, and easy for all family members. Please feel free to observe our classes without your pet if you have any questions or concerns about our methods.

Required vaccinations:

Puppies 6-12 weeks must have at least one puppy booster before attending class. Puppies and adult dogs older than 3 months must have current Bordetella vaccination. Puppies older than 4 months and adult dogs must have current Rabies vaccination, distemper/parvo combination, and have no symptoms of illness, including coughing, sneezing, discharge from the eyes or nose, or skin lesions.

Acceptable proof of vaccination: please ask your veterinarian for a statement of vaccinations given. Rabies tags will not be accepted as proof of vaccination. You may bring a copy of your dog's vaccination records with you on your first day of training, or have your Veterinarian, or yourself, fax them to our office. Our fax number is 703-250-4053.

Equipment:

Collars: Please bring your dog to class in a well-fitting flat collar, or a Gentle Leader head collar. Choke chains, prong collars, and electronic collars are not allowed.

Harnesses are allowed only if the leash is clipped to the FRONT.

Leashes: Please bring your dog to class on a 4- 6-foot nylon, cotton, or leather leash, no wider than 3/4". No chain leashes, double-handles, or retractable leads.

Clickers: Please bring your clicker to class, or we will provide you with one to use.

Treats: Please bring bite size soft treats to class.

Feeding your pet:

We encourage you to use your pet's daily ration of dry dog food for training rewards at home. Please bring your pet to class hungry: do not feed your pet 4-5 hours prior to class. Bring a generous supply of small soft treats that smell better than the next dog's rear end!

Aggressive dogs:

Our group classes are not appropriate for dogs that fight with or are reactive to other dogs, or are aggressive to people. Dogs that are disruptive and/or jeopardize the safety of others will be dismissed from class. **If your dog has ever bitten anyone seriously enough to break skin, or has problems with other dogs, please call 703-250-5233 and inform staff before registering.**

Refund policy:

After your Training Class start date, refunds are given only in case of medical or other emergency. By registering for class you are reserving a spot in our Training Program.

I understand there are inherent risks associated with the presence of dogs in training. I assume full responsibility for myself, my dog, any substitute handlers of my dog, and any observers that attend my class with me. I hold Affectionate Pet Care and it's employees harmless of any personal injury or death while attending dog training sessions. I have read and agree to follow the above policies. I agree that I have given full disclosure of any history of aggressive behavior by my dog as well as any symptoms of illness from my dog, and understand that failure to do so will result in my dismissal from classes and no refund shall be given.

I, _____, have reviewed the information above and agree with these terms.

Signature: _____ Date: _____