



<b>OFFICE USE ONLY</b>
Trainer
Supervisor

## Owner Information

**Full Name**

---

**Phone**

**Cell**

---

**Email Address**

---

I PREFER TO BE CONTACTED VIA      PHONE CALL      HOME      CELL      TEXT      EMAIL

**Unit**

**Street Address**

---

**City**

**Province**

**Postal Code**

---

**Additional Owners/Handlers**

**Full Name**

---

**Phone**

**Cell**

---

I AGREE TO COMPLETE THIS FORM, TO THE BEST OF MY ABILITY, AND PROVIDE THE MOST ACCURATE INFORMATION TO MY TRAINER. IF ANY INFORMATION IS INCOMPLETE OR OMITTED FROM THIS FORM, THAT MAY INJURE OR HARM MY TRAINER, ANY APPRENTICES OF THE ACADEMY, OR INDEPENDENT CONTRACTORS WORKING UNDER THE ACADEMY, I, THE ABOVE NAMED, UNDERSTAND I MAY BE LIABLE TO PROVIDE COMPENSATION.

# Home Environment

**What are your current living accommodations? (circle all that apply)**

URBAN	SUBURBAN	RURAL	EXURBAN	
DUPLEX	TOWNHOUSE	APARTMENT	CONDO	HOUSE
RENTAL	OWNED	ROOMMATES	ALONE	FAMILY

**List all the individuals, excluding yourself, living in the home.**

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Is this your first dog?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why did you decide to get a dog?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are your goals for this dog?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IN THE FOLLOWING QUESTIONS, WE WILL USE THE TERM "DOG" INSTEAD OF "DOGS", AS WE PLAN TO WORK WITH ONE DOG PER TRAINING SESSION. IF YOU HAVE MULTIPLE DOGS THAT YOU REQUIRE HELP WITH, YOU WILL NEED TO COMPLETE THE FOLLOWING PAGES FOR ALL ADDITIONAL DOGS. SIMPLY PRINT FROM PAGE 3.

# Dog Information

Name	Breed	Age	Sex	Altered
_____	_____	_____	M F	YES NO

**Is this dog altered? if not, when do you plan to alter?**

---

---

**Why did you choose to get this dog/breed?**

---

---

**Is your dog crate trained or house trained?** If not, please provide why.

---

---

**Does your dog have any allergies?**

---

---

**Does your dog have any physical ailments that will prevent them from being trained? (Hip Dysplasia, joint problems, amputated limbs, size concerns)**

---

---

**Does your dog have any behavioural impediments that will prevent them from being trained? (poor reactions to other animals, strange people; anxiety)**

---

---



# Diet and Daily Routine

**What is your dogs energy level, in general?**

WHAT ENERGY?

LOW

AVERAGE

ENERGIZER BUNNY

**Describe what brand, formula, and amount you feed your dog.**

**What is your dogs appetite at home?**

TOTAL SNOB

FINICKY

AVERAGE

CHOW HOUND

**Describe your dogs feeding area and dishes.**

**Describe your feeding routine.**

**Describe your daily routine, including the hours your dog spends alone.**

12AM \_\_\_\_\_

1AM \_\_\_\_\_

2AM \_\_\_\_\_

3AM \_\_\_\_\_

4AM \_\_\_\_\_

5AM \_\_\_\_\_

6AM \_\_\_\_\_

7AM \_\_\_\_\_

8AM \_\_\_\_\_

9AM \_\_\_\_\_

10AM \_\_\_\_\_

11AM \_\_\_\_\_

12PM \_\_\_\_\_

1PM \_\_\_\_\_

2PM \_\_\_\_\_

3PM \_\_\_\_\_

4PM \_\_\_\_\_

5PM \_\_\_\_\_

6PM \_\_\_\_\_

7PM \_\_\_\_\_

8PM \_\_\_\_\_

9PM \_\_\_\_\_

10PM \_\_\_\_\_

11PM \_\_\_\_\_

**Check all that apply when your dog is alone.**

- |   |  |
|---|--|
| <input type="checkbox"/> DOG IS TIED OUTSIDE                  | <input type="checkbox"/> DOG IS FREE INSIDE THE HOUSE  |
| <input type="checkbox"/> DOG IS IN AN "INVISIBLY" FENCED YARD | <input type="checkbox"/> DOG IS IN A ROOM IN THE HOUSE |
| <input type="checkbox"/> DOG IS IN A PHYSICALLY FENCED YARD   | <input type="checkbox"/> DOG IS CRATED IN THE HOUSE    |
| <input type="checkbox"/> DOG IS IN AN OUTDOOR KENNEL/RUN      | <input type="checkbox"/> DOG IS NEVER ALONE            |

**Describe how you exercise your dog, and how often.**

\_\_\_\_\_

\_\_\_\_\_

**Describe any toys your dog plays with, as well as how you play with your dog.**

\_\_\_\_\_

\_\_\_\_\_

**Describe where your dog sleeps at night.**

\_\_\_\_\_

\_\_\_\_\_

# Legal Form

I acknowledge that participation in training with instructors from the The Academy exposes me to a possible risk of personal injury, including risk to myself, family members, guests, and my dog(s) because of the actions of other dogs at the facility, which may be difficult to control, and may be the cause of injury.

I agree that I am participating in The Academy solely at my own risk. I agree to assume all responsibility for the actions of my dog(s). I further agree to hold The Academy, its owners, instructors, presenters, officers, directors, employees, agents, licensees, consultants, independent contractors and affiliates, harmless from any and all liability and from any and all property damager, personal injury and injury to any dog(s), or any other claims arising from or in connection with participation in the program, which may be alleged to have been caused directly or indirectly to any person, dog(s), or thing by the act of my dog while in or upon the training area, or near the entrance there to.

I further agree to hold The Academy and its owners, instructors, presenters, officers, directors, employees, agents, licensees, consultants, independent contractors, and affiliates, harmless from any claim for property damage or personal injury to myself, my family or guests and to my dog(s), whether such loss, theft, disappearance, damage, or injury be caused or be alleged to be caused by the negligence of The Academy and its owners, instructors, presenters, officers, directors, employees, agents, licensees, consultants, independent contractors, and affiliates, or by the negligence of any other person or any dog(s), or any other cause or causes.

I further agree that this Agreement and Waiver is binding for all programs with The Academy, including private classes, sessions or group classes, and any subsequent classes that I may attend. I acknowledge that I have read and fully understand this Waiver and Agreement. I acknowledge that this Agreement is binding on me, my spouse, my children, my legal representatives and my estate.

---

Signature of Primary Owner or Handler

(in case of a minor, a parent of legal guardian must sign)

---

Signature of Witness

---

Printed Name

---

Printed Name

---

Date

---

Date