

MELODY DGGS

Professional Dog Training

DOG TRAINING APPLICATION

Name of Owner(s): _____ Date: _____

Additional Handler(s): _____

Address: _____ City: _____ Zip: _____

Phone: (HM) _____ (Cell) _____ (WK) _____

Email address (so we can send homework for classes you miss): _____

YOUR DOG'S INFORMATION

1. Dog's name	
2. Sex	Male Female
3. Spayed or Neutered?	YES NO but plan to at age: _____ NO don't plan to spay/neuter _____
4. Breed of dog?	
5. Age of dog?	
6. Approximate weight?	
7. Age of dog when acquired?	
8. Vet Name?	
9. Date of last vet check?	
10. Vaccination dates?	Rabies: _____ Distemper / Parvo: _____ Parasite check: _____
11. Does your dog have any health issues or injuries?	NO YES, describe: _____ _____
12. Is this your first dog?	YES NO
13. Where did you get your dog (private party, breeder, SPCA, rescue, pet store, other)?	
14. Other family members and pets will affect your dog's training progress. Who are the members in your dog's family?	Adults: _____ Children: _____ Other Pets: _____
15. Does your dog stay inside the house?	NO YES – about what percent of the time? 100% 75% 50% 25% or less

YOUR DOG'S INFORMATION

17. Does your dog have any of these problems? (<i>circle all that apply:</i>)	Play biting Digs Excessive barking	Unruly Car Sick	Hyper Runs Away Jumps fences
18. Is your dog fearful of:	People	Dogs	Noises Other
19. House soiling?	Urinates	Defecates	Marking
20. Jumping up?	On people	Furniture/Windows/Doors	
21. Chews?	Furniture	Plants	Door Frames
22. On a leash, does your dog (<i>circle all the apply:</i>)	Pull Bite the Leash	Freeze Up Jump	Falls Down Bite
23. What words, if any, does your dog know (sit, down, fetch)?			
24. What do you like about your dog?			
25. Class you're signing up for?	Puppy Scent (Nosework)	Beginner Intermediate Treibball (Urban Herding)	Advanced Performance Privates Agility
26. Do you have any physical limitations that could affect you in class?	NO YES, explain: _____ _____		
27. Why did you decide to come to obedience class?			
28. What previous classes have you and your dog taken?			
29. What is the most important thing you want to learn?			
30. Why did you choose MY class?			
31. How did you hear about Melody Daggs Professional Dog Training?	Vet referral: _____ Friend: _____ Advertising: _____ Other: _____		

AGREEMENT OF HOLD HARMLESS WAIVER AND ASSUMPTION OF RISK

I understand there are risks associated with my participation in dog obedience classes. During dog obedience classes, I may be injured by my own dog(s) or by dogs owned by other students in the class. In addition to my own personal risk, members of my family and/or friends and guests that I invite to attend dog obedience classes may be injured. Furthermore, my dog(s) may be injured by dogs owned by other students in the class. Even when dogs are handled with the greatest amount of care, they may be unpredictable, difficult to control, and they may cause injuries. I hereby agree to indemnify and hold harmless Melody Daggs Professional Dog Training; Melody Daggs, Liz Force and Michele Evans, professional dog trainers; Cynthia & Tom Downing, property owners, from any and all liability for injuries that my dog(s) and I sustain while participating in dog obedience class, or that members of my family and/or my friends and guests sustain as a result of my participation in dog obedience class. I expressly assume financial responsibility for any and all injuries or damages to me, my family members, my friends and/or guests, and my dog(s) during my participation in dog obedience classes and while on the grounds of the training facility.

Signature of owner or authorized agent: _____ **Date:** _____

Signature of parent or guardian if owner is under 18: _____ **Date:** _____

MAKE CHECKS PAYABLE TO: MELODY DAGGS

FOR OFFICE USE ONLY	PAID	ACCT RC'D	ENTR'D DB	ROSTER
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