

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	
5. Age	Date of birth: _____
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
16. When your dog is outside, is he/she (circle all that apply):	In a kennel In a fenced yard Tied up Runs free (no fence) At work with you Other: _____

YOUR DOG'S INFORMATION

17. Does your dog have any of these problems (<i>circle all that apply:</i>)	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Aggressive to other dogs</td> <td colspan="2" style="width: 33%;">Aggressive to people</td> <td style="width: 34%;"></td> </tr> <tr> <td>Play biting</td> <td>Unruly</td> <td>Hyper</td> <td>Digs</td> </tr> <tr> <td>Runs Away</td> <td>Excessive barking</td> <td colspan="2">Jumps fences</td> </tr> <tr> <td colspan="4" style="text-align: right;">Car Sick</td> </tr> </table>	Aggressive to other dogs	Aggressive to people			Play biting	Unruly	Hyper	Digs	Runs Away	Excessive barking	Jumps fences		Car Sick			
Aggressive to other dogs	Aggressive to people																
Play biting	Unruly	Hyper	Digs														
Runs Away	Excessive barking	Jumps fences															
Car Sick																	
18. Is your dog fearful of:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">People</td> <td style="width: 33%;">Dogs</td> <td style="width: 34%;">Noises</td> </tr> </table>	People	Dogs	Noises													
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19. House soiling?	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Urinates</td> <td style="width: 33%;">Defecates</td> <td style="width: 34%;">Marking</td> </tr> </table>	Urinates	Defecates	Marking													
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20. Jumping up:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">On people</td> <td style="width: 67%;">Furniture/Windows/Doors</td> </tr> </table>	On people	Furniture/Windows/Doors														
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21. Chews	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Furniture</td> <td style="width: 33%;">Plants</td> <td style="width: 34%;">Door Frames</td> </tr> </table>	Furniture	Plants	Door Frames													
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22. On a leash, does your dog (<i>circle all the apply:</i>)	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Pull</td> <td style="width: 33%;">Freeze Up</td> <td style="width: 34%;">Fall Down</td> </tr> <tr> <td>Bite the Leash</td> <td>Jump</td> <td>Bite</td> </tr> </table>	Pull	Freeze Up	Fall Down	Bite the Leash	Jump	Bite										
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Bite the Leash	Jump	Bite															
23. What words, if any, does your dog know (sit, down, fetch)?																	
24. What do you like about your dog?																	
25. Do you have any physical limitations that could affect your participation in the training of your dog?	NO YES, explain: _____ _____																
26. List the top 3 problems you'd like to overcome with your dog.	1. _____ 2. _____ 3. _____																
27. If aggression is your dog's major issue, please detail the episodes, including the dog's age at the time of the event.	<input type="checkbox"/> Does not apply Dog's age when aggression was first noticed: _____																
28. Detail any other problems or concerns you'd like to address.																	

YOUR DOG'S INFORMATION

29. How did you hear about Melody Daggs Professional Training?	Vet referral: _____ Friend: _____ Advertising: _____ Other: _____
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AGREEMENT OF HOLD HARMLESS WAIVER AND ASSUMPTION OF RISK

I understand there are risks associated with my participation in dog training. During dog training, I may be injured by my own dog(s) or by dogs owned by others. In addition to my own personal risk, members of my family and/or friends and guests that I invite to participate in dog training may be injured. Furthermore, my dog(s) may be injured by dogs owned by others. 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; and Cynthia and Tom Downing, property owners, from any and all liability for injuries that my dog(s) and I sustain while participating in dog training, or that members of my family and/or my friends and guests sustain as a result of my participation in dog training. 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 training in my home 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 PROFESSIONAL DOG TRAINING "MDPDT"
AND BE SURE TO WRITE DOG'S NAME ON CHECK**

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

Trainer assigned	
Date of first contact	
First appointment date	
Appointment location	
Outcome of first visit	
Recommendations and suggestions given:	<input type="checkbox"/> Enroll in a beginner training class <input type="checkbox"/> Schedule additional private training sessions <input type="checkbox"/> Owner needs to follow-up <input type="checkbox"/> Other: _____