GOOD DOG CENTER TRAIN AND BOARD REGISTRATION FORM

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEST Phone number to reach you for emergencies or updates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_

Breed of dog\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Call Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_

Spayed/Neutered? YES or NO Sex of dog MALE or FEMALE

Has your dog had any previous training?\_\_\_\_\_\_\_\_ When and where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog have any hearing or physical restrictions that could affect training? YES or NO

Explain, if yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog have any food or treat allergies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your dog’s typical feeding schedule?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your dog’s typical potty schedule?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your goals for your dog in the train and board program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please explain any undesirable behavior that your dog exhibits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are there specific people or things that trigger the undesirable behavior? If so, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your dog ever bitten a person or dog? If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*Please note that dogs with aggression issues are not permitted into the train and board program. This issue is better addressed in a private behavioral consultation.

**WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS**

I understand that my dog’s participation in the Good Dog Center dog train and board program is not without risk to my dog, even when handled with the greatest amount of care.

I agree to allow the Good Dog Center members to contact my veterinarian, listed below, for any emergency veterinary care required during my dog’s stay at the Good Dog Center. If the veterinarian listed on this form is unable to be reached or provide care, I give permission to the Good Dog Center staff to use a local licensed veterinarian to provide any necessary medical care for my dog. I agree to be fully responsible for the cost of any medical care deemed necessary by the veterinarian. I understand I will be notified by the Good Dog Center staff immediately, at the phone number that I provided on this form, if my dog needs any medical treatment.

In consideration of and as inducement to the acceptance of my application for enrollment in this program, I hereby agree to indemnify and hold harmless all members of the Good Dog Center staff involved in the training and/or kennel care for any and all claims by myself or any member of my family or other person accompanying me to any training session or function of the Good Dog Center or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

Owner signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & phone number of Veterinarian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabies\_\_\_\_\_\_\_\_\_\_\_DHPP\_\_\_\_\_\_\_\_\_\_\_Bordatella\_\_\_\_\_\_\_\_\_\_Proof of Flea/Tick control\_\_\_\_\_\_\_\_\_\_\_\_\_\_