

Academy Of Canine Behavior
Play & Train
Dog Check In Form

File# _____

OWNERS NAME: _____ DATE: _____

SPOUSE'S NAME OR OTHERS IN HOUSEHOLD: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

OCCUPATION(OWNER): _____ WORK PHONE: _____

DOG'S NAME: _____ BREED: _____ COLOR: _____

BIRTHDATE(AGE): _____ SEX: _____ IS DOG SPAYED/NEUTERED: _____

TRAINING HISTORY

Has your dog been in the Board and Train program at the Academy? Y/N

Has your dog had an individual evaluation here outside of the daycare interview? Y/N

Have you taken your dog through training at the Academy? Y/N

Has your dog taken any classes/training elsewhere? Y/N

If yes, where? _____ When completed? _____

PLAY & TRAIN REQUEST INFORMATION

Dates of training

requested: _____

List commands your dog can perform without treats: _____

Tricks your dogs knows: _____

Is there anything else we need to know about your dog: _____

TRAINING PRIORITIES

Please number the "commands" to be worked on ranging 1-9(1 being the most important / 9 being least)

SIT DOWN RIGHT HERE/HEEL COME WAIT

SIT-STAY DOWN-STAY GOOD NO OTHER _____

Is this your first PLAY & TRAIN Request? If no, how many have you done? _____

What is your dog's current collar type? Buckle/ Halti/Gentle Leader Harness Training Other _____

Do you have preferences on collars/are you happy with your current collar? Do you need a recommendation or information about alternatives? _____

MEDICAL INFORMATION

Does your dog have any allergies? Y/N _____

Does your dog have existing or previous medical conditions? Y/N _____

If yes to either please briefly explain _____

Has your dog been on any medication(s) over the past three months? Y/N

Is your dog on any existing medication(s)? Y/N

If yes to either please briefly explain _____

We (the Academy of Canine Behavior Inc.) agree to exercise due and reasonable care of your animal, and to provide your animal with safe quarters care for your animal.

All animals are boarded and/or trained or otherwise handled or cared for by us without liability on our part for loss or damage from disease, death, running away, theft, fire, injury to persons, other dogs, or property by said animal, or other unavoidable causes, due diligence and care having been exercised.

If the animal's health demands quick action, The Academy of Canine Behavior Inc. is authorized to have a veterinarian look at and treat the animal for the cause and effect. Such expenses, being reasonable in amount, shall be paid promptly by the owner.

It is also understood that the owner is NOT responsible for injuries caused by the animal while in the care of The Academy, provided that all facts of known biting or aggression are disclosed by the owners.

Occasionally, photographs or video footage may be taken of animals that are staying here at The Academy. We give The Academy our permission for any resulting photographs or video of our animal to be used for advertising or educational material, understanding that the resulting photographs or videos are the sole property of The Academy of Canine Behavior's.

Any legal expenses incurred in defense or enforcement of this contract shall be the total responsibility of the owner of the animal.

I hereby acknowledge that I have read all of the above and agree as owner or agent of the owner to the forgoing. I also understand and agree that all outstanding charges are due and payable upon completion of services.

SIGNED: _____ DATE SIGNED: _____

(Owner / Agent)

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