



Registration Form
Class Starting ___/___/___

“Creating balance and leverage in the relationship between you and your dog”

FAMILY INFORMATION:

GUARDIAN NAME _____ DATE _____

ADDRESS _____

PHONE _____ CELL _____

EMAIL _____

FAMILY MEMBERS & AGES _____

DOG INFORMATION:

DOG'S NAME _____ BREED _____

GENDER ___ AGE ___ SPAY/NEUTER: Y ___ N ___ AGE WHEN ACQUIRED _____

WHERE DID YOU GET YOUR DOG? _____

OTHER PETS IN HOUSEHOLD _____

HOW LONG HAS THE DOG BEEN WITH YOU? _____

CURRENT OR PREVIOUS MEDICAL PROBLEMS & MEDICATIONS _____

VETERINARIAN NAME, ADDRESS & PHONE: _____

BEHAVIORAL GOALS: What do you hope to accomplish with these classes?

PLEASE DESCRIBE A TYPICAL DAY IN YOUR DOG'S LIFE _____

HOW WOULD YOU DESCRIBE YOUR DOG? (Ex: high energy, shy, timid, out of control, stubborn, playful, confident, etc.) _____

Has any of the following occurred which led you to seek training?

Please check all that apply:

- BITES MOUTHING DESTRUCTIVE BARKS SUBMISSIVE URINATION
 PLAY-BITING TEETHING FIGHTS W/DOGS JUMPS UP SHY
 COWERS NIPPING AGGRESSION UNRULY OTHER

PLEASE COMPLETE THE FOLLOWING BY CIRCLING THE APPROPRIATE RESPONSE:

1. Does your dog ever growl, snap, or show teeth?	Y	N
2. Does your dog growl or snap if *anyone* tries to take away food, toys, etc. from him/her?	Y	N
3. If your dog sleeps on the bed or sofa and you ask him to get off, does he ever growl or snap?	Y	N
4. Does your dog ever growl or snap when being groomed or being examined?	Y	N
5. Are you ever worried that your dog may injure a non-family member?	Y	N
6. Does your dog ever growl, snap, lunge or bark at other dogs?	Y	N
7. Does your dog ever growl, snap, lunge or hide from unfamiliar people?	Y	N
8. Has your dog ever bitten a person or another dog?	Y	N

If you answered “yes” to any of the above questions, your dog may not be suitable for a group class. Further evaluation may be necessary to determine the proper course of training for you and your dog.

PREVIOUS TRAINING: Please describe any previous training you have implemented with your dog. This includes formal classes or at home training. _____

I, the undersigned have read, understand and agree to the following:

Although the use of positive methods is scientifically based and proven to yield the greatest results, there are no warranties or guarantees, due to the inability of the instructor to control what occurs outside of the class setting. I have truthfully answered the above questionnaire. In the case of any harm, damage or injury that may result from or is caused by me, my dog, my relatives or my property during these classes, I agree not to hold liable Camp KCS, Inc., Fulcrum Dog Training or Meg Irizarry, their tenants, invited guests, other clients or any agents working on their behalf. Furthermore, I aver that my dog is healthy, current in his (her) vaccinations (Rabies, Dhlpp, and Bordatella) and does not have any communicable disease, including parasites or fleas.

SIGNED _____ DATE _____

Please Remit:
Fulcrum Dog Training
1647 Long Pond Road
Long Pond Pa 18334

Completed Registration with:
 Class deposit of \$50.00
 Class Full Payment \$225.00

For Official Use:

Amount Paid: _____

Class Start Amount: _____