



2012 NEW Client Information

Name: _____ Phone: _____ Cell: _____

Complete Address: _____ City: _____ Zip: _____

E-mail address: _____

Members of Household: _____

Other Pets in Household: _____

Please List Type and Ages of Pets: _____

Dog Information

Name: _____ Breed: _____ Age: _____ Birthday: _____

Gender: Male Female Spayed/Neutered: Yes No At Age: _____

Where did you get your dog from: _____

How old was your dog when first obtained: _____ Is this your first dog: _____

What are your training goals (List 5):

Why do you have a dog? _____

How much exercise do you give your dog daily? List Type & Length _____

Why do you want to train your dog? _____

What types of activities are you interested in doing with your dog? _____

How much time can you devote to training per day? _____

How often do you want to attend group training sessions with your dog? _____

Did you want information on our Sleep Away Camp (aka Board & Train) Program? _____

Has your dog had any recent issues or illnesses we should know of which may impede on training:
If yes, please list and describe:

Has your dog ever had previous professional training? ___ Yes ___ No ; If yes, please list and describe:

How did you hear about the Dog Training Academy of South Florida, Inc.? _____

Policies and Procedures

I understand and agree that I'm enrolling myself and my dog in one or more of the following activities which include dog obedience, rally obedience, flyball, therapy dog, puppy, tricks, freestyle, animal actor, dog agility and any other classes that are offered at the Dog Training Academy of South Florida, Inc. I certify that my dog(s) and I are both in good health and that there are no reasons why we should not participate in or be a spectator at these activities.

I understand Dog Training Academy of South Florida, Inc. will do its best to train said dog(s), however, does not guarantee said dog(s) will be free of unwanted behavior. I understand all dogs learn at a different rate and that training is an on-going process. I

Office Use Only:
DOGS FIRST NAME:
LAST NAME:
Start Date:
First Payment Amount:
Vaccines:

understand I must keep up the training process on my own or dog(s) may revert to previous behavior.

I understand I am responsible for representing dog(s) in a truthful manner so that trainer has full knowledge in order to train appropriately.

If I am accepted into the Dog Training Academy of South Florida, Inc. it is my understanding that I must follow all rules and guidelines set by the academy and failure to do so can result in my dismissal from classes without a refund.

I understand I am solely responsible for any harm the dog(s) may cause to self, trainer, property, other humans or other animals. I further understand I waive any and all claims against Dog Training Academy of South Florida, Inc. or its employees, agents and all persons connected to dog training classes. I understand it is my responsibility to keep my dog(s) under control at all times.

I understand my dog(s) must be current on all required vaccinations (and have shown proof of this to the academy) and must be free and clear of any communicable diseases or parasites including fleas and ticks. If my dog is enrolled in Training Day School I understand Dog Training Academy of South Florida, Inc. reserves the right to take dog(s) to vet if necessary and I am responsible for all applicable charges including transportation and vet fees.

If my child is under 16 years of age I agree to be present for all training classes attended with the dog.

No Refunds on training classes, private lessons or products.

Please have all dogs arrive and leave on leashes. Thank You.

By signing below the client fully understands and agrees to the contents of this application:

Client's signature

Date

Parent/ Guardian if under 18

Date