

# Gail Fisher's All Dogs Gym & Inn

## BOARDING-TRAINING REGISTRATION

### FOR OFFICE USE ONLY

Payment: \_\_\_\_\_

Date: \_\_\_\_\_

Auth # \_\_\_\_\_

**Please note:** This form is an adjunct to All Dogs Gym & Inn Boarding Registration form. We have tried not to duplicate information, but there may be some repetition. We appreciate your attention to this so we may best meet your needs in training your dog.

### Owner & Family Information

Name(s) \_\_\_\_\_

Household members:  Spouse  Other adults  Children  
How many? \_\_\_\_\_ Ages \_\_\_\_\_ Genders \_\_\_\_\_  
 Other pets. List \_\_\_\_\_

### Dog Information

Call Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Gender  M  F Spayed/Neutered?  Yes  No At Age? \_\_\_\_\_

Age obtained \_\_\_\_\_ From:  Breeder  Pet Shop  Shelter/Rescue  Other \_\_\_\_\_

Is this your 1<sup>st</sup> dog? \_\_\_\_\_ Have you trained before? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

If yes, please briefly describe the type of training \_\_\_\_\_

Do you have any hearing or other physical handicaps? \_\_\_\_\_

If your dog has any physical problems, temperament problems or disabilities which may affect training, please tell us about them \_\_\_\_\_

If your dog has had any illness or skin disorder in the last 6 months, state the nature of the problem & whether treated by a veterinarian. \_\_\_\_\_

What kind of dog food do you feed? Exact brand name and type (dry, canned, etc.) \_\_\_\_\_

Please briefly describe your goals for training \_\_\_\_\_

Please check the problems you would like our help with. **Star\* the three most troublesome to you.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Barking             | <input type="checkbox"/> Destructive Chewing      | <input type="checkbox"/> Protective of food or objects |
| <input type="checkbox"/> Jumping up          | <input type="checkbox"/> Doesn't come when called | <input type="checkbox"/> Steals (List) _____           |
| <input type="checkbox"/> Housetraining       | <input type="checkbox"/> Pulls on leash           | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Chases (what) _____ | <input type="checkbox"/> Other _____              |  |

Notes \_\_\_\_\_

**Please turn over and complete reverse side. Thank you.**

Has your dog ever displayed aggression toward people (children or adults)?  Yes  No  
If yes, please describe circumstances. \_\_\_\_\_

Has your dog ever displayed aggression toward animals (cats, dogs, etc.)?  Yes  No  
If yes, please describe circumstances. \_\_\_\_\_

Is your dog shy or timid toward people or in new situations?  Yes  No  
If yes, please describe circumstances. \_\_\_\_\_

If your dog has any other issues we should be aware of, please describe. \_\_\_\_\_

How did you hear about us? Please check ***all*** that apply.

- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> Current trainee | <input type="checkbox"/> Pet Shop | <input type="checkbox"/> Telephone Book              |
| <input type="checkbox"/> Former trainee  | <input type="checkbox"/> Groomer  | <input type="checkbox"/> Newspaper (which one) _____ |
| <input type="checkbox"/> Veterinarian    | <input type="checkbox"/> Breeder  | <input type="checkbox"/> Web page                    |
|  |                                   | <input type="checkbox"/> Other (specify) _____       |

Please tell us the name(s) of those who referred you \_\_\_\_\_

As a condition to acceptance of your dog into All Dogs Gym & Inn Boarding-Training, the following agreement must be signed:

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

I understand that all dogs are individuals and their learning may progress at different rates. I further understand that while All Dogs Gym & Inn trainers will endeavor to train my dog to best accomplish my goals, and will provide me with follow-up and support, I must continue training on an on-going basis at home, or my dog may revert to previous behaviors. I hereby waive and release All Dogs Gym & Inn, its employees, owners and agents from any and all claims including specifically, but without limitation, any injury or damage resulting from the actions of my dog. I further agree that, with all reasonable care being taken while attending Boarding-Training at All Dogs Gym & Inn, should my dog be the cause of any injury to another dog or person, I will be responsible for any veterinary or medical expenses incurred.

Signature of Owner  
or Authorized Agent \_\_\_\_\_

(Signer must be over 18 years of age)

Date

Please complete return to All Dogs Gym & Inn, 505 Sheffield Rd., Manchester, NH 03103. Call (603) 669-4644 for an appointment with a trainer prior to leaving your dog. This can be arranged at the time of your check-in or can be over the phone.

Trainer's Notes: \_\_\_\_\_