



FOR OFFICE USE ONLY	Notes:
Payment _____	_____.
Date _____	_____.
Auth # _____	_____.

ALL DOGS ABOUT TOWN APPLICATION

Class Starting Date _____ Time _____

Primary Trainer _____ Dog's Call Name _____

Second Trainer _____ Dog's Breed _____

Age _____ Gender M F Spayed/Neutered Yes No

Age obtained _____ From where? Breeder Pet Shop Rescue Other _____

Address _____

Street City State ZIP

Phones _____

Home Work Mobile

Email (please print *carefully*) _____

What is your goal for this class _____

Health: If your dog has had any illness or skin disorder in the last 2 months, please tell us about it & whether treated by a veterinarian _____

Rabies Expiration Date _____ Staff Initials— checked Rabies _____

Training: Highest level of training completed _____ Date _____ Instructor _____

Payment: Paid On-line Provided payment information by phone Paid by check Pay below

Paying with a credit card, please supply the following: Visa MasterCard Discover

Cardholder's name _____

Account # _____ Expiration date _____

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I understand that attendance of a dog obedience training class is not without risk to myself, members of my family or guests who may attend with me, or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release All Dogs Inc. dba All Dogs Gym & Inn, its employees, owners and agents from any and all liability of any nature for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training sessions or other function of All Dogs Inc., or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership in this training class, I hereby agree to indemnify and hold harmless All Dogs Inc., its employees, owners and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function of All Dogs Inc., or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

Signature of Owner
or Authorized Agent _____

(Signer must be over 18 years of age) Date _____

Please fill out the "All Dogs About Town Behavior Questionnaire." Thank you!



All Dogs About Town Behavior Questionnaire

The following will help us create the best class environment for all. Please explain any answers you think will help us to know your dog. If you have any questions or concerns about your dog's participation, please call us. If we feel this class might not be best for your dog, we'll contact you.

Handler's Name _____ Dog's name _____

- Key: 1 = Always
 2 = Mostly
 3 = Sometimes, depends on distractions
 4 = Needs work/Never
 5 = Don't know

TRAINING

My dog walks on a loose leash	1	2	3	4	5
My dog will hold a sit or down stay	1	2	3	4	5

SOCIABILITY WITH PEOPLE

My dog is social around adults	1	2	3	4	5
My dog behaves appropriately with children	1	2	3	4	5
My dog is friendly to strangers	1	2	3	4	5
My dog is timid around strangers	1	2	3	4	5

Explain: _____

SOCIABILITY WITH OTHER DOGS

My dog is friendly to other dogs	1	2	3	4	5
My dog is shy/afraid of other dogs	1	2	3	4	5
My dog is sometimes reactive toward dogs	1	2	3	4	5

Explain: _____

GENERAL TEMPERAMENT & REACTIONS

My dog is generally outgoing and friendly	1	2	3	4	5
My dog can be timid in new situations	1	2	3	4	5
My dog is cautious at first, but recovers quickly	1	2	3	4	5
My dog is reactive and barks at new things	1	2	3	4	5

Explain: _____

Anything else we should know? (Attach a separate sheet, if necessary) _____

