



Dog Trainers Workshop Boarding School Application

207 Greenpond Road – Fountain Inn – SC – 29644
(864) 862-8626 (864) 862-8688 Fax



Date of Arrival: _____

Pick-Up Date: _____ Appointment Time: _____

Owner's Name _____

Address _____

City	State	ZIP
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Home Phone	Work Phone or Mobile Phone
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Dog's Name	Sex	Spayed/Neutered? Y N
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Date of Birth:	Breed:
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Veterinarian:	Vaccine: please bring verification from your veterinarian for:
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Vet's phone:	Canine Influenza:	DH-PP:	Kennel Cough:	Rabies:
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Please list any commands that your dog already knows.

Please check off any of the problems below that you are having with your dog

<input type="checkbox"/> Pulling on leash	<input type="checkbox"/> Fearful of strangers or new situations	<input type="checkbox"/> Does not come when called	<input type="checkbox"/> Crate Training
<input type="checkbox"/> Bolting through doors or gates	<input type="checkbox"/> Jumping on people	<input type="checkbox"/> Chases cats & small animals	<input type="checkbox"/> Housebreaking
<input type="checkbox"/> Jumping on counters	<input type="checkbox"/> Barking	<input type="checkbox"/> Mouthing on people	
<input type="checkbox"/> Chewing	<input type="checkbox"/> Over-excitable around other dogs	<input type="checkbox"/> Aggression (please explain in detail on back of this form)	

Other, please explain: _____

Where did you acquire this dog, and how long ago?	Approximately, how old was your dog when you got him/her?
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Who is the person primarily responsible for this dog's care (feeding, exercise, etc.)? _____

How many adults and children live in your household? Please list ages of children. _____

How many other dogs and/or cats are in your home? _____

Do you have a fenced yard? Do you have an underground fence system? How long?	What type of collar does your dog normally wear? <input type="checkbox"/> Buckle <input type="checkbox"/> Choke Chain <input type="checkbox"/> Prong Collar <input type="checkbox"/> Electric Collar <input type="checkbox"/> Harness <input type="checkbox"/> Martingale Other: Please explain:
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Where and how is the dog confined when you are not at home and/or unable to supervise him?
Does your dog stay in a crate? If so, for how long each day?

Have you every thought your dog might bite you , another person or another dog?
If so, please explain in detail. You may use the back of this form for further details.

Has this dog ever attended an obedience class at Dog Trainers Workshop? If so, which class and approximately when?

Has this dog ever attended an obedience class at another location? If so, about how long ago?

Waiver

I hereby waive and release Tara, Inc., its employees, owners, and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer while attending any training session or other function of this training facility or while on the training grounds or the surrounding area. Upon acceptance of my application, I hereby agree to indemnify and hold harmless Tara, Inc., its employees, owners, and agents from any and all claims of injury or damage by any member of my family or any other person accompanying me to any training session or function of this training facility or while on the training grounds or the surrounding area.

Signature: _____ Today's Date: _____