For Office Use Only: Paid in Full ☐ Date received and initials: _____

No Payment ☐

1591 E. Western Reserve Rd.
Poland, OH 44514
Phone:(330)707-4160
Fax: (844)815-5986

HISTORY FORM

Is this for a private session? Yes ☐ Unsure ☐ Drop and Train (at our facility) ☐

If you answered yes:
Is the session IN HOME or AT OUR FACILITY? _____

If you chose our facility, which would you prefer? Poland ☐ New Wilmington ☐
Hermitage (limited availability) ☐

Preferred days and times for private consultation? _____

Preferred Trainer? _____

***Please note:** For the fastest response to our 72-hour contact guarantee, if you are dropping off a questionnaire and payment, please do so at our Poland location. There is staff at this location 7 days a week.

***Please note:** Mileage fees may apply. These are determined based on our brick-and-mortar locations (Poland & New Wilmington). Depending on the trainer, our Hermitage location may be used to calculate mileage.

Best mode of communication (please check): ☐ Phone ☐Email ☐Text

Owner Information:

Date:
Name:
Address:
City / State / Zip:
Cell phone:
Work phone:

Home Phone:
Email:
Best Times to Contact:
Best Phone Number to Use:

Dog Information:
Name:
Birth Date:
Gender:
Neutered/Spayed:
Breed:
Veterinary Clinic:

Would you like to subscribe to our newsletter via email? (one newsletter, monthly) yes_____ no_____

May we post photos of you and your pet on our social media and/or website?
Please Circle: _____Me and My Dog_____Dog Only_____No Photos

How did you hear about us? _____

If a friend/family referral, please let us know their name & address so we can send them a thank you coupon!
(If the person referring you is a current client, please note "client" after name)

_____

Medical History:
When was the last physical examination performed on your pet?

Is your pet spayed or neutered?

1. If yes, at what age? ____ If no, are you planning on breeding your pet? ____

PLEASE CHECK OFF IF YOUR DOG IS CURRENT ON THE FOLLOWING VACCINES:

Rabies: _____(if age appropriate)

DHLPP or DHPP _____

Has had a negative fecal in the last year _____ This is not required for in-home training.

Bordetella (for kennel cough) *_____ (please read below for Bordetella information)
***Bordetella is NOT required for in-home training.**

PLEASE NOTE THAT BORDETELLA IS NOT A STANDARD VACCINE AND IS TYPICALLY NOT GIVEN UNLESS REQUESTED. PLEASE VERIFY YOUR DOG HAS HAD IT OR PLEASE SCHEDULE AN APPOINTMENT TO GET IT.
For bordetella, your dog must be vaccinated with the intranasal vaccine at least one week (7 days) prior to class, or the oral vaccine at least 72 hours prior to class. If your pet has received the injectable vaccine and it is the first bordetella he has had in his life, it must be boostered 2-4 weeks after the initial vaccine, and again must be given at least a week before starting classes. No exceptions will be made. This is to protect your dog and the others in class.

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NOTE: For all classes, veterinary records must be faxed, emailed, or mailed to us PRIOR to class so we can verify.

List any medications that your pet has received in the past month or is currently taking:

Does your pet have any pre-existing or current medical problems (if yes, please list)?

Has your pet ever had a seizure?

Does your dog have any food allergies or restrictions?

****Are you or anyone coming to the building for training allergic to Peanuts / Peanut Butter? Yes No**

Home Information:

Please list all members of your household. Please include ages of children and hours away from home. (***Name, age, hours away from home, relationship (ex. Mother, Father, etc.)***

1.
2.
3.
4.
5.

Please list all household pets, including the patient, in the order acquired: **(name, age, sex, age acquired, where acquired from, breed)**

1.
2.
3.

Dog Background Information:

At what age did you acquire your dog?

Where did you acquire this pet from?

Describe your pet as a puppy/kitten:

friendly
shy
outgoing

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__fearful
__aggressive
__playful
__other
__N/A – did not have dog as a puppy

Describe your dog now (if no longer a puppy)
__friendly
__shy
__outgoing
__fearful
__aggressive
__playful
__other

Is your pet (please check all that apply):
__allowed to run free, unsupervised when outside
__always enclosed in a contained area when not on leash
__leash-walked
__outside, unleashed but supervised
__outdoors only

How many times is your pet walked per day?

If your pet is walked, what is the average length of time for each walk (in minutes)?

Who walks your pet?

What type of collar/leash do you use to walk your pet?

What percentage of the day does your pet spend inside?

Is your pet fed:
__ free choice (bowl is kept full of food and left down all day)
__one meal per day __two meals per day __more than two meals per day

What type (Brand) of food do you currently feed? _____

Is your pet fed treats every on a daily basis?
__Yes __No
Have you had pets before?
__dogs __cats __other_____ __none

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Where is your pet when left home alone?

__free in house
__in crate
__outside house; describe:
__restricted to certain areas in house

What is your dog's obedience school history?

__no school, trained yourself
__puppy kindergarten Where? _____
__group lessons Where? _____
__private trainer at house Trainer _____
__private trainer, sent to trainer if so, where? _____

What cues does your dog know and how well?

__ sit
__ lie down
__ come
__ heel
__ Go to a spot
__ stay
__ fetch
__ drop it
__ leave it
__ watch me/look

Have you ever used the following products for training with this dog?

Ecollar:
Tens Collar:
Choke Collar:
Prong Collar:
Invisible Fence collar for yard:
Are you currently using them?
If yes, when do you use them and for what reason?

Behavior issues: So that we can best help you and assign your case to the appropriate person, please use the space below to list the behavior concern(s) or what you wish to address (i.e jumping, pulling on lead). ***PLEASE NOTE, WE WILL NOT PROCESS YOUR FORMS IF THIS IS LEFT BLANK.***

How Serious is the Behavior Problem? (please check one): **very serious** **serious** **not serious**

Describe a typical episode of the behavioral problem(s):

Can you determine any patterns that this behavior occurs with? For example: Is it always after company leaves, always after dinner, etc.? No matter how small, if you have noticed it, it could be pertinent.

The behavior occurs how many times per: ____day ____week ____month
Describe the first incident (including date):
Describe the most recent episode (including date):

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Has the frequency of the behavior: ☐ increased ☐ decreased ☐ remained unchanged?

Has the intensity of the problem: ☐ increased ☐ decreased ☐ remained unchanged?

Have there been any changes in the household (new pet, new family member, schedule change, etc.)?If so, describe:

What have you tried to do to change the problem behavior?
(Please list all things you have tried whether they have been useful or not.)

Have you considered finding another home for your pet? ☐ Yes ☐ No

Have you considered euthanasia (putting your pet to sleep)? ☐ Yes ☐ No

Please describe (in detail) any information that has been given to you by any other trainer and/or veterinarian pertaining to this problem.

What is your goal with the problem?

Is there any other information you would like to add? May use additional pages for information.

PLEASE NOTE THAT YOU MUST READ AND INITIAL THE FOLLOWING POLICIES ON THE FOLLOWING PAGES.

- **Refund Policy**
- **Payment Policy**
- **Liability Waiver**
- **Vaccine Policy**

Please note that your paperwork will not be processed or scheduled if these policies are not read and initialed.

Please return to:
Dogsmartz Unleashed, LLC
1591 E. Western Reserve Rd
Poland, OH 44512
(330)707-4160 Or email: receptionist@dogsmartzunleashed.com
Fax: 844-815-5986

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1591 E. Western Reserve Road
Poland, OH 44512
(330) 707-4160

Dog Training Liability Waiver

**** This must be signed to participate in classes at any location ****

Dogsmartz Unleashed, LLC has no prior civil, insurance, professional or personal claims regarding any animal training or animal related disputes. To date, an entirely clean occupational, criminal, and insurance/liability record is sustained, as well as occupational insurance and bonding.

I hereby acknowledge that I have voluntarily applied to participate in dog training activities with Dogsmartz Unleashed, LLC and Jenny Falvey and other employed trainers.

I am aware that there are inherent risks and hazards involved in activities with and around dogs, and I am voluntarily participating in these activities with knowledge of potential dangers. I am aware that any dog, regardless of training, handling, or environmental circumstance, is capable of biting and I expressly acknowledge the risks therein.

In order to participate in dog training classes or other activities, I, being fully informed of such risks and hazards, agree to assume all risks of such occurrences.

I hereby waive any and all claims or actions that I or my guardians or representatives may have, from any and all personal injury to myself, my dog, children in my charge, or harm to property or person caused directly or indirectly, through action or inaction of self or others, by acts that might occur in dog training classes, any other format of training activities or secondary training without trainer present or engaged.

I agree to indemnify Dogsmartz Unleashed, LLC and its employees and affiliates from any and all claims by myself, member of family, or any agent while within all training facilities, within my home property, or in the general public as a result of any action or inaction, of either my dog or any other.

I also agree to assume sole responsibility for injury or damage caused by myself, children in my charge, or by the dog I own or handle and further agree to indemnify, defend, and hold the instructors, trainers, assistants and property damage, loss, liability or expense, including legal cost and attorney's fees, which result from damage caused by myself, children in my charge, or by the dog I own or handle.

I have provided current vaccination documents from a licensed veterinarian. I understand that my dog will not be able to attend classes if I do not provide current vaccination documents from a licensed veterinarian or if my dog is not current on vaccines or positive for a communicable disease. I understand that anytime dogs are exposed to other dogs that there is a potential for disease transmission. The benefits from interactions with other dogs far outweigh the dangers of

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See back.

transmission. I will not hold Dogsmartz Unleashed, LLC, the instructors, the trainers or assistants accountable for any communicable disease.

I have read the information and policies outlined on the "Class Registration Information" page and I understand and agree to adhere to them.

Dogsmartz Unleashed, LLC may use pictures of me or my dog for publicity or promotional purposes of the "Dogsmartz Unleashed" without liability or obligation of any kind to me; however, no information/pictures can be sold or shared otherwise without additional consent.

Effective July 1, 2022: Fearful and Shy & Reactive Dog (levels 1 & 2) classes must be paid in full upon registration and payment is non-refundable. There is a 50% transfer fee if you change from your originally scheduled class within one (1) week of your class beginning.

REFUND POLICY: There will be no refunds on classes, packages, private sessions, or drop and train sessions. If a class change is needed, on the part of the owner, a credit will be applied to your account less any switch/professional fees. If the dog is being rehomed, this credit will be transferred to the new owner. Any credits made must be used within 6 months or they will be forfeited. If a class is cancelled due to low or no sign-ups, clients will be provided a full refund.

PAYMENT POLICY: Due to our high volume of requests, privates must be paid in full (90 minutes at $195) prior to scheduling. Once paid, the trainer will call to schedule.

***If you choose to do a package, we will apply your payment towards that.**
Note: packages must be paid in full when purchasing.

***Drop and Trains must have a 50% ($397.50) deposit when scheduling. The balance is due in full at the start of the first session.**

PRIVATE TRAINING SESSIONS

Mileage Chart and Pricing

The following guide is used for our mileage charges:

- 25-35 miles from any Dogsmartz location: $50 round trip / each visit
- 36-50 miles from any Dogsmartz location: $75 round trip / each visit
- 51+ miles: mileage fee to be quoted

Please note we also have an after-hours fee:

- Appointments scheduled for 8pm or later: $100 fee

See next.

Dog Training Liability Waiver

**** This must be signed to participate in private training and/or classes at any location ****

Owner: Print Name_____ Date: _____

Signature: _____

Participants (Each sign)

_____
_____
_____
_____

Parent or guardian signature of all/each attending child/children

_____
_____
_____
_____

PLEASE READ AND INITIAL:

- I have read, understand, and accept the refund policy. _____
- I have read, understand, and accept the vaccination policy. _____
- I have read, understand, and accept that registration will not be processed if these are not initialed. _____

©Dogsmartz Unleashed Liability Form 2020

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