



CLASS REGISTRATION INFORMATION

*****PLEASE READ & KEEP THIS PAGE FOR YOUR REFERENCE*****

THE FOLLOWING THREE (3) ITEMS ARE REQUIRED TO ATTEND A TRAINING CLASS:

- 1. Payment, in full, is due at registration**
- 2. Proof of required vaccinations (see below) from a licensed veterinarian**
- 3. Your dog's completed questionnaire**

PLEASE NOTE THAT YOUR REGISTRATION IS NOT CONFIRMED UNTIL ALL THREE OF THE ABOVE ITEMS HAVE BEEN RECEIVED BY DOGSMARTZ. UNTIL YOUR REGISTRATION IS CONFIRMED, YOUR SPOT IN A CLASS IS NOT GUARANTEED.

Dogsmartz will call your veterinarian to obtain vaccine records. Please provide us with the name of your veterinarian so we may contact them as soon as possible. Some veterinarians may require pet owners to give permission for records to be released. If Dogsmartz contacts you about this, please call your vet and give them permission to fax records to us. If you have vaccine records that your vet does not have (from a rescue, shelter, breeder, etc.) please fax, email, or bring to our facility as soon as possible. Remember that we cannot confirm your registration and guarantee your spot until we have vaccine records on file. Dogsmartz accepts vaccines given by a licensed veterinarian (given at an office, mobile clinic, or vaccine clinic), shelter or rescue, or breeder (for the first set of puppy shots). We DO NOT accept any vaccines administered by a pet owner at home.

See below for a list of required vaccines* per age group:

7-11 weeks: First DHPP vaccine, bordetella for all puppies at least 8 weeks, and a negative fecal.

12-18 weeks: Two DHPPs, bordetella vaccine, and a negative fecal. Leptospirosis is recommended but not required.

5 months and up: Three DHPPs, rabies, bordetella, and a negative fecal.

Any dog one year and older must have a current DHPP vaccine (done every 1 or 3 years depending on your vet's protocol) and rabies done according to state law. *While we strive to keep everyone healthy, there are limitations to the bordetella vaccine and fecal checks. With bordetella, your dog can still get the disease, just a milder case. Typically bordetella is not life threatening. When a fecal exam is performed, they are only looking at a small amount of the stool sample under the microscope, so a negative fecal does not guarantee that your dog (or others in your class) are truly free of internal parasites.*

***Please note: This is our vaccine protocol. If your veterinarian does something different, you must still have these done. This vaccine protocol is supported by AAHA's (American Animal Hospital Association) vaccine recommendations. If this is your dog's first bordetella vaccination, there is a waiting period before it is considered effective so that your dog can attend class. The waiting period is different for the three different forms of the vaccine. For the oral form, it is 72 hours. For the intranasal form, it is 7 days. For the injectable form, it must be boosted 2-4 weeks after the initial vaccine, and there is a 7 day waiting period AFTER the booster. The bordetella waiting period must be met before your dog can attend class. If your dog needs to get the bordetella vaccine, we recommend checking with your vet prior to registering to see what form of the vaccine they use, so you can determine what date your dog will be able to start classes.**

If Dogsmartz does not receive your vaccination records or if your dog does not have the required vaccines, we can not accept your dog into class. All vaccinations must be administered by a licensed veterinarian. We will be happy to reschedule you for another

class to allow enough time to comply with our vaccine requirements. NO EXCEPTIONS WILL BE MADE. This is for the safety of your dog as well as all other classmates.

If your dog comes into her heat cycle while attending classes, you will have to suspend your attendance to class for approximately three (3) weeks until the heat cycle is complete. After her heat cycle is finished, we will be happy to put you into a make-up class for the weeks that you missed.

NOTE: We reserve the right to cancel any class in which there aren't enough confirmed students or there are too few students to constitute an ideal learning environment. If this happens, we will gladly switch your registration to a different class at no additional charge.

Payment Policy: Payment is due in full when registering for a class, due 24 hours from the time of registration. We accept cash, check, and all major credit cards. Return check fee is \$35.00, plus any additional fees we incur.

Please note: For specialty classes, there is a 50% transfer fee if changing from your originally scheduled class within one (1) week of your class beginning. This applies to:

- Fearful and Shy (all levels)
- Reactive Dog (all levels)
- Get Control! (all levels)

For all other classes, a \$45 switch fee will be applied if changing 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, we will make every effort to find another class to accommodate you. If no classes are found that work with your schedule, you will be provided a full refund.

Class Repeat Fee: If a trainer suggests that you repeat a class you have already taken, it may be offered at 30% off the full class fee. This discount is solely at the discretion of the trainer, and does not apply to our Reactive Dog classes. Reactive Dog classes can be offered at 25% off the full class fee solely at the discretion of the trainer. This discount only applies if you are repeating a class with the same trainer.

Make-Up Class Policy: We will offer in-person make-up classes for puppy classes only, if there is open availability. For all other classes, we will either provide videos or a written curriculum for you to practice at home.

Discounts: Any coupons or gift certificates must be presented at the time of payment. Gift certificates and/or coupons can not be accepted as a deposit. A 10% Senior Citizen, Shelter Dog, and Military Personnel discount is offered, and **may not be combined with any other offer**. Discounts do not apply to private training, drop off and train or day camp sessions.

Handouts: We can print out any class handouts for an additional \$5 fee.

Please bring the following with you to class:

- Your dog on a regular collar or harness. **No chokers, shock or pinch collars permitted.**
- Regular 4' or 6' leash (no retractables or flexi style leads)
- Variety of treats
- An open mind, ready to learn!



DOGSMARTZ UNLEASHED

1591 E. Western Reserve Rd.

Poland, OH 44514

Phone (330)707-4160

Fax (844)815-5986

Class Registration Form – Please return PRIOR to class start!

Class you are registering for*: _____ **Date/Time:** _____

Class Location (please check or circle one): Poland, OH ___ Warren, OH ___ Hermitage, PA ___ Canfield, OH ___
New Wilmington, PA ___

OWNER INFORMATION (PLEASE PRINT CLEARLY)

NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
HOME PHONE:	CELL PHONE:
EMAIL:	
Best method of communication (please check one): <input type="checkbox"/> HOME Phone <input type="checkbox"/> CELL Phone <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT	

Are you (or anyone attending with you) allergic to Peanuts / Peanut Butter? Yes No
(We use peanut butter in our Kong toys and will make every effort to remove it from the classroom if an allergy is noted)

DOG INFORMATION (PLEASE PRINT CLEARLY)

NAME:		
BIRTHDATE:	BREED:	
GENDER:	NEUTERED/SPAYED?	YES NO
CURRENT VETERINARIAN:		

Would you like to subscribe to our email newsletter (one newsletter a month)? YES NO

May we post photos of you and your pet on our social media and/or website?

PLEASE CIRCLE ONE: ME AND MY DOG DOG ONLY NO PHOTOS

How did you hear about us? _____

Name of person referring you. _____

(*If person referring you is a current client, please note "client" after their name, so we may send them a thank you coupon!)

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. _____

DOG MEDICAL HISTORY

VACCINATION CHECK LIST – please check if your dog is current on the following:

RABIES: _____ DHLPP OR DHPP: _____
 BORDETELLA (KENNEL COUGH)*: _____ NEGATIVE FECAL WITHIN PAST YEAR: _____

(*please read below for Bordetella information)

When was your pet's last veterinary appointment? Do you have one scheduled? _____

PLEASE NOTE THAT BORDETELLA IS NOT A STANDARD VACCINE AND IS TYPICALLY NOT GIVEN UNLESS REQUESTED.

PLEASE VERIFY YOUR DOG HAS HAD IT OR BE SURE TO SCHEDULE AN APPOINTMENT WITH YOUR VET TO RECEIVE IT.

If this is your dog's first bordetella vaccination, there is a waiting period before it is considered effective. The waiting period is different for the three different forms of the vaccine. For the *oral form*, it is 72 hours. For the *intranasal form*, it is 7 days. For the *injectable form*, it must be boosted 2-4 weeks after the initial vaccine, and there is a 7 day waiting period after the booster. **The bordetella waiting period must be met BEFORE your dog can attend a class.** If your dog needs to get the bordetella vaccine, we recommend checking with your vet to see what form of the vaccine they use, so you can determine what date your dog will be able to start classes. **No exceptions will be made.** This is to protect your dog and the others in class.

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

Is your pet on any medications? Please list any that your pet has received in the past month or is currently taking:

Does your pet have any pre-existing or current medical problems? _____

Does your dog have any food allergies or restrictions? _____

DOG BACKGROUND INFO

How old was your pet when you acquired him/her? _____

Where did you acquire this pet from (please list name of shelter/rescue or breeder, etc)? _____

Please describe your puppy/dog by checking all that apply:

Shy _____ Outgoing _____ Fearful _____ Aggressive _____ Playful _____ Other _____

What is your dog's obedience school history?

_____ No previous schooling, trained yourself

_____ Group lessons. Where? _____

_____ Private in-home trainer. Trainer's name? _____

_____ Sent away for training. Name of training facility? _____

How does your dog respond when he/she sees another dog?

1.) bark, lunge, snarl

2.) shies away

3.) seems happy and wanting to play

Has your dog ever bitten:

Person _____

Another dog _____

Please Explain:

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.

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

- 1.
- 2.
- 3.

Have you ever used the following? (please check)

	YES	NO	CURRENTLY USING
Choke Collar			
Pinch or Prong Collar			
Bark Collar (Citronella or shock)			
Remote or handheld collar (shock/e-collar/tenz)			
Wireless or Underground/Invisible Fence Collar			

Other products: _____

What would you like to accomplish/work on in class? _____

Please list specific issues or concerns _____

Is there any other information you would like to add? _____

Please be sure to return your completed questionnaire and liability waiver to us *prior* to your class start date:



DOGSMARTZ UNLEASHED
1591 E. Western Reserve Rd.
Poland, OH 44514

Dog Training Liability Waiver

This waiver must be completed/signed in order to participate in classes at any location

Dogsmartz Unleashed, LLC has no prior civil, insurance, professional or personal claims in regard to 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 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.

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.

Please note: If paperwork is not done in full submitted before the first class, your paperwork and registration will not be processed. In addition, class curriculums will not be sent if paperwork is missing. This includes a completed questionnaire, initialed 3 lines within the forms, and signed liability waiver.

Email:

receptionist@dogsmartzunleashed.com

Mail:

Dogsmartz Unleashed
1591 E. Western Reserve Rd
Poland, OH 44514

Fax:

844-815-5986

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

****No children can attend Reactive Dog, Fearful & Shy, Get Control, or Confidence Building classes.****

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. _____