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

PRIVATE TRAINING - HISTORY FORM

Is this for a private session? Yes No Unsure Drop and Train

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

If you chose our facility, which would you prefer? Poland Hermitage Warren

Preferred days and times for private consultation? _____

If you answered no:
Class you are registering for: Class Name: _____Date/Time: _____

Location: Poland, OH __ Hermitage, PA __ Warren, OH __

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

Owner Information:
Date:
Name:
Address:
City / State / Zip:
Home phone:
Work phone:
Cell 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: _____

DHLPP or DHPP _____

Has had a negative fecal in the last year _____

Bordetella (for kennel cough) _____ (please read below for bordetella information)

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 bordatella, 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.
NOTE: For all classes, veterinary records must be faxed, emailed or mailed in 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 attending classes allergic to Peanuts / Peanut Butter? Yes No**
We use peanut butter in our Kong toys and will make every accommodation to remove it from the room if so.

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
_ 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

Where is your pet when left home alone?
_ free in house _ outside house; describe:
_ in crate _ restricted to certain areas in house

What is your dog's obedience school history?
_ no school, trained yourself
_ puppy kindergarten Where? _____
_ group lessons, basic Where? _____
_ group lessons, advanced Where? _____
_ private trainer at house Trainer _____
_ private trainer, sent to trainer if so, where? _____
What cues does your dog know and how well?

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

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

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

Are you experiencing any behavior issues with your dog? Yes No
If "yes", please continue on and answer below. If "no", you may skip the next portion and continue on to the liability form.

Behavior issues: Please use the space below to list the behavioral problem(s) that you wish to address and how much of a problem do you consider the behavior to be?

Behavior Problem (please circle 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):

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

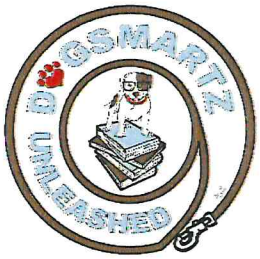
Have you considered euthanasia (putting your pet to sleep)? Yes No

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?

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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Dog Training Liability Waiver

**** This must be 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: 14 days or more prior to class – 100% refund; 8-13 days prior to class – 50% refund; 7 days or less prior to class – no refund. No refunds once class has started. If you are unable to attend a week of a class, we will be happy to provide you with one "make-up" class if possible. **There will be a $45.00 fee for switching to a different class if done within one (1) week of originally scheduled class starting, no matter the reason for switching classes. PRIVATE TRAINING OR DROP OFF AND TRAIN – NO REFUNDS GIVEN**

Owner: Print Name_____ Date: _____

Signature: _____

Participants: (Each sign)_____

_____

_____

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

_____

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