



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

ADVANCED CLASS APPLICATION

Manners Level 2 Manners Level 3
 Other _____

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

State briefly any continuing problems _____

Goals 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 _____

Prior Training: Level 1 class attended: 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, 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 _____



Behaviors Questionnaire

Class enrolled in _____

Handler's Name _____ Dog's name _____

To help us to best meet your needs, please tell us what behaviors are most important to you. Use a 5 point scale:

- 1 = unimportant/don't need
- 2 = somewhat useful
- 3 = useful/helpful
- 4 = important
- 5 = extremely important

- ___ Sit-stay around distractions
- ___ Down-stay around distractions
- ___ Come when called, no matter what
- ___ Settle (go to your bed & stay there)
- ___ "Leave it" (ignore something on cue)
- ___ Polite walking (walk on loose leash without pulling)
- ___ Heeling (walk closely by your left side)
- ___ "Give" or "drop it" (let go of something on cue)
- ___ Pay attention on cue
- ___ Hand signals for sit, down, come, etc.
- ___ Behavior issues to eliminate
 - ___ Jumping up
 - ___ Stealing food
 - ___ Getting in the trash
 - ___ Chewing shoes, kids' toys, etc.
 - ___ Other _____
- ___ Fun behaviors such as bow, spin, play dead, etc.
- ___ Ask to go outside
- ___ Other _____
- ___ Other _____