Doggy Profile Form

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | | | | | | | | |
| Date |  | | Owner’s Name | | | | | | | | |
|  | | | | | | |  |  | | | |
| Dog’s Name Age | | | | | | |  | Breed | | | |
|  | | | |  | |  | | |  | |  |
| Home Phone | | | | | Cell Phone | | | | | Email Address | |
|  | | | | | | | | | | | |
| Address | | | | | | | | | | | |
|  | | | |  | |  | | |  | |  |
| City | | | |  | | State. | | |  | | ZIP Code |
|  | | | | | | | | | | | |
| Emergency Contact Information | | | | | | | | | | | |
|  | |  | | | | |  |  | | | |
| Fur Type Color(s) | | | | | | |  | Weight Sex | | | |
|  | | | | | | |  |  | | | |
| Neutered? Favorite Treat? | | | | | | |  | Known Allergies | | | |
|  | | | | | | |  |  | | | |
| Additional Medical Information | | | | | | |  |  | | | |
|  | | | | | | |  |  | | | |
| Vet Clinic Information | | | | | | |  |  | | | |

Owner’s Name Owner’s Signature

Liability Waiver

• I understand that dog training may involve risks to myself, members of my family or my dog. I assume all risks associated with participating in this training session and will not hold Monty’s Dog Training and Services or its trainers responsible in in the event of injury to myself, my family members or my dog. I agree to comply with the instructions, rules and decisions of the training instructor as it relates to me or my dog’s ability to safely complete the training. I also agree to assume all responsibility for any damage done to property, persons or other dogs caused by me or my dog’s actions.

• I understand that there will be no refunds given after the completion of a given session.

• I understand that Monty’s Dog Training and Services does not guarantee the result of its training sessions.

• I understand that any dogs’ participation in training sessions with Monty’s Dog Training and Services must be free of any infectious disease and must be current on all appropriate vaccinations including (but not limited to): Bordetella, distemper, parvovirus, rabies and tracheobronchitis.

• I grant permission to Monty’s Dog Training and Services to use my pet’s photograph(s) and/or video(s) taken during sessions for educational and promotional purposes in any type of media.

• I hereby agree and covenant for myself, my heirs, executors, administration and anyone else who may claim on my behalf to waive, release and discharge Monty’s Dog Training and Services and its employees from any and all claims arising out of or in connection with or in any way related to this and recurring training sessions.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_