



CLIENT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____
 Street: _____ Apt #: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Email: _____

ANIMAL INFORMATION

Name: _____ Breed: _____
 Birth Date: _____ Sex: M F Neutered Spayed Weight: _____ Height: _____
 Color: _____ Coat: Smooth Medium Rough Other _____

BEHAVIORS

Check behaviors that can be performed reliably under distraction 10' or more from the handler.

- | | | |
|---|--|--|
| <input type="checkbox"/> Sit Stay | <input type="checkbox"/> Bark | <input type="checkbox"/> Retrieve Object |
| <input type="checkbox"/> Stand Stay | <input type="checkbox"/> Growl | <input type="checkbox"/> Hold Object in Mouth |
| <input type="checkbox"/> Down Stay | <input type="checkbox"/> Snarl | <input type="checkbox"/> Drop Object |
| <input type="checkbox"/> Lower Head | <input type="checkbox"/> Wave | <input type="checkbox"/> Sit Up on Haunches |
| <input type="checkbox"/> A to B | <input type="checkbox"/> Kid Safe | <input type="checkbox"/> Stand Up on Hind Legs |
| <input type="checkbox"/> Hand Signals | <input type="checkbox"/> Good w/ Animals | <input type="checkbox"/> Crawl |
| <input type="checkbox"/> Touch with Paw | <input type="checkbox"/> Wear Costume | <input type="checkbox"/> Roll Over |

Other: _____

RELEASE WAIVER – please read

In consideration of my participation in this production, I, the undersigned, intending to be legally bound, do hereby for myself, executors, and administrators, waive and release any and all rights and claims for damages which I may have against the community where this production is held, Atlanta Dogworks, Animal Casting Atlanta, their clients, representatives, successors, employers, employees, assigns, and/or sponsors for any and all injuries, or illnesses suffered by me or my dog as a result of my participation in said production. I attest and verify that my animal is physically fit and vaccinated for this activity, and hereby assume the risk of any disease which may be contracted in said production. By my signature I also grant full permission to Atlanta Dogworks and their assigns to use any photographs, videotapes, motion pictures, recordings, or any record of this event for any purpose whatsoever.

Furthermore, I agree to represent Atlanta Dogworks in good faith, and WILL NOT approach, contact or solicit the production company, client, or any person associated with this or any other production contracted by Atlanta Dogworks.

Signed: _____ Date: _____