



Trainers initials: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_

- Deposit
- Group Class: \_\_\_\_\_
- Day Training: \_\_\_\_\_
- Board & Train: \_\_\_\_\_
- Private Lesson: \_\_\_\_\_

## New Client Intake Form

### Client Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Where did you hear about us? \_\_\_\_\_

### Pet Information

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_  Male  Female Spayed or Neutered:  Yes  No

Where did you acquire your pet? \_\_\_\_\_

How long have you had your pet? \_\_\_\_\_ Other animals at home? \_\_\_\_\_

Crate Trained  Yes  No / Potty Trained  Yes  No / Allergies  Yes  No \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Vet Address: \_\_\_\_\_ Vet Phone: \_\_\_\_\_

Feeding/Medication instructions: \_\_\_\_\_

List any medical problems or prior injuries: \_\_\_\_\_

Has your dog been injured by another dog?  Yes  No \_\_\_\_\_

**WHAT SIDE WOULD YOU LIKE YOUR DOG TO HEEL ON?:**  LEFT (Traditional) or RIGHT (Alternative)

### Does your dog exhibit any of the following (check any/all that apply)?

- |  |  |
|--|--|
| <input type="checkbox"/> Mouthing/nipping          | <input type="checkbox"/> Destructive when alone                        |
| <input type="checkbox"/> Potties in home           | <input type="checkbox"/> Anxious when alone                            |
| <input type="checkbox"/> Steals food/trash/objects | <input type="checkbox"/> Threatens/bites family                        |
| <input type="checkbox"/> Excessive vocalization    | <input type="checkbox"/> Threatens/bites strangers                     |
| <input type="checkbox"/> Chews items               | <input type="checkbox"/> Threatens/growls at animals                   |
| <input type="checkbox"/> Digs in yard              | <input type="checkbox"/> Reactive/aggressive on leash                  |
| <input type="checkbox"/> Fearful (describe below)  | <input type="checkbox"/> Issue with certain genders or types of people |
| <input type="checkbox"/> Urinates when excited     | <input type="checkbox"/> Does not like or been around children         |
| <input type="checkbox"/> Darts/escapes doors/gates | <input type="checkbox"/> Has bitten a person (explain below)           |

Please share training goals, issues, or other important information below

**\*\*\*\*PLEASE SIGN THE RELEASE FORM ON THE BACK SHEET\*\*\*\***



\_\_\_\_\_ My initials indicate that I agree, understand, and acknowledge that the elimination or modification of behaviors is not guaranteed. The client acknowledges that dog training will not provide exact results. Each dog is different regarding ability, breeding, and temperament. The client further agrees to accept responsibility for any damage the above-named dog may cause through malicious, aggressive, or improper behavior that may occur before, during, or after all services provided by Garden State K9 LLC.

\_\_\_\_\_ My initials indicate that I understand and agree that dog training may involve risks to myself, members of my family, my dog, and others. I assume all risks associated with participating in this training and will not hold Garden State K9 LLC or its instructors responsible in the event of injury to myself, my family, my dog, or anyone else. I agree to comply with the instructions, rules, and decisions of the training instructor as it relates to my ability to safely complete each training session. I also agree to assume all responsibility for any damage done to property, persons, or other dogs, by my dog.

\_\_\_\_\_ My initials indicate that I agree and understand that the above-named dog participating in the training sessions is free of any infectious disease and is current on all appropriate vaccinations, including Bordetella, distemper, parvovirus, and rabies.

\_\_\_\_\_ My initials indicate that I understand Garden State K9 LLC can use my pet's photograph(s) and/or video(s) taken during training sessions for educational and promotional purposes in any type of media.

\_\_\_\_\_ In the event of a medical emergency, I \_\_\_\_\_ hereby give Garden State K9 LLC my express permission to take my pet to their veterinarian (or to the closest open facility if the primary vet is not available). I give permission for the veterinarian to administer any care or medications necessary. I will assume responsibility for the payment for all veterinary services provided.

\_\_\_\_\_ I understand that a non-refundable deposit will be taken at time of booking and that the full balance must be paid at the time of the dog's appointment. The non-refundable deposit may not be used for anything other than the program and date it was initially applied too.

Client Name \_\_\_\_\_

Date \_\_\_\_\_

Client Signature \_\_\_\_\_



### **Garden State K9 Rescheduling and Cancellation Policy**

ALL deposits are non-refundable. Please contact us if you have any questions or concerns about our policies.

#### **Private Evaluations/ Private Lessons:**

All scheduled private evaluations or private lessons must be cancelled or rescheduled 48 hours prior to the scheduled lesson time. Late cancellations and "No – Shows" will be charged at the normal rate.

Rescheduling or Cancellations > 48 hours prior to start time: Original payments may be used as a credit to a future session or another service option.

Rescheduling or Cancellations <48 hours prior to start time" Original payment is forfeited; new payment is required to reschedule.

#### **Day Training:**

All scheduled Day Training spots must be cancelled or rescheduled 48 hours prior to the scheduled lesson time. Late cancellations and "No – Shows" will be charged.

1. Attendance Commitment: We value your commitment to our training program. To ensure the effectiveness and fairness of our Day Training program, we have a strict attendance policy in place.
2. No make-up Days: Please note that missed training days cannot be made up unless you receive prior approval by a trainer or the owners of Garden State K9.
3. Accountability: This policy is designed to maintain the consistency and quality of our Day Training program.
4. By participating in our training program, you agree to abide by this attendance policy.

#### **Top Dog:**

All scheduled Top Dog Reservations must be cancelled or rescheduled a minimum of 7 days prior to the start. Late cancellations and "No – Shows" will be charged.

I have read and understand the information above. By signing below, I agree to adhere to the training attendance policy outlined and acknowledge that missed training days cannot be made up unless prior approval is obtained.

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

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