



### Owner & Family Information

Name(s): \_\_\_\_\_

Contact Information: Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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

Household Members:  Spouse  Other Adults List How Many? \_\_\_\_\_

Children List Ages \_\_\_\_\_ Gender \_\_\_\_\_

Any Other Pets List \_\_\_\_\_

### Dog Information

Name/Nicknames: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  M  F Spayed/Neutered?  Yes  No What Age? \_\_\_\_\_

Age Obtained \_\_\_\_\_ From:  Breeder  Pet Shop  Shelter/Rescue

Other \_\_\_\_\_

Is your dog updated on shots:  Yes  No (Bordetella is kennel cough vaccine and required in last 6 months.) Please provide a copy of updated record

Dog must have flea and tick preventative: What: \_\_\_\_\_ When: \_\_\_\_\_

Is your dog Microchipped:  Yes  No

Is this your first dog? \_\_\_\_\_

Have you trained before? \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

If Yes, please Briefly describe the type of training

\_\_\_\_\_  
\_\_\_\_\_

What does a day look like in your home? Please include time frame of potty schedule, feeding, and when you get up and sleep, as well as what you would like it to be in the future. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any hearing or other physical handicaps? \_\_\_\_\_

If your dog has any physical problems, temperament problems or disabilities which may affect training, please tell us about them \_\_\_\_\_



\_\_\_\_\_  
 \_\_\_\_\_  
 If your dog has had any illness or skin disorder in the last 6 months, state the nature of the problem & whether treated by a veterinarian. \_\_\_\_\_  
 \_\_\_\_\_

What kind of dog food do you feed? Exact brand name and type (dry, canned etc.)  
 \_\_\_\_\_

What are the feeding times and measurements? \_\_\_\_\_  
 \_\_\_\_\_

Please describe your goals for training \_\_\_\_\_  
 \_\_\_\_\_

Some pets are reluctant to eat in new environments. If your pet is a reluctant eater, what foods can use as enticements? \_\_\_\_\_

I am also I PawTree PetPro, which provides healthy options for pets and supplements that you sprinkle on their food. Find out more by asking me or going to my webpage pawtree.com//mannerspuplease

Is there anything your pet should not be fed? \_\_\_\_\_

Are you interested in getting your dog groomed while being boarded? \_\_\_\_\_

We offer grooming services as well: bathing, trimming, de-shedding, de-matting, to full grooming.

Note: We find it best for dogs staying with us to eat twice/day. If you normally feed just once a day, we will split your dog's meals into two equal parts. If you do not want us to do so, please check here  1X

Allergies:  Yes  No Describe Special Instructions: \_\_\_\_\_

Please Check the problems you would like our help in. **Mark the 3 most important**

BARKING	CHEWING	CRATE TRAINING	SOCIALIZATION	WALKING	RESOURCE GAURDING
JUMPING	RECALL	BITING	AGGRESSION	LICKING	FEAR OF PEOPLE
HOUSE TRAINING	FEAR OF OBJECTS	Other:	Other:	Other:	Other:

Has your dog ever displayed aggression toward people (children or adults)? If yes, please describe circumstances \_\_\_\_\_



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Has your dog ever displayed aggression toward animals (dog, cats, etc.)? If yes, please describe circumstances \_\_\_\_\_

Is your dog shy or timid toward people or in a new situation? If yes, please describe circumstances \_\_\_\_\_

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How did you hear about us?

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As a condition to accept your dog(s) into Manners PUPlease Dog Obedience Training, the following agreement must be signed:

**Waiver, Assumption of Risk and Agreement to Hold Harmless**

I understand that all dogs are individuals and their learning may progress at different rates. I further understand that while Manners PUPlease trainers will endeavor to train my dog to best accomplish my goals and will provide me with a follow-up and support. I must continue training on an on-going basis at home, or my dog may revert to previous behaviors. I hereby waive and release Manners PUPlease, trainers, owner and agents from all claims including specifically, but without limitation, any injury or damage resulting from the actions of my dog. I further agree that with all reasonable care being taken while attending boarding-training at Manners PUPlease, should my dog be the cause of any injury to another dog or persons, I will be responsible for any veterinary or medical expenses incurred. I understand that if my dog falls ill or needs veterinary care I give Manners PUPlease permission to take my dog to Coronado Animal Clinic and I will be responsible for any veterinary or medical expenses incurred.

I also will reimburse any expense incurred if my dog runs out of food in the care of Manners PUPlease upon proof of a receipt of purchase and will receive the remaining food from purchase. By signing I agree to terms and verify all information is true.

Signature of Owner \_\_\_\_\_

(Must be over 18)

Date



### Medications or Supplements

**You do not have to fill this form out if there is no medication or supplements**

Complete a section for each medication, treatment or supplement. Please be specific and provide all information:

1. Medication/Supplement \_\_\_\_\_

Name of Medication/Supplement \_\_\_\_\_

Treatment for: \_\_\_\_\_

Will the course of treatment be completed while your pet is in our care?  Yes  No

Capsule  Tablet  Ointment  Injection  Drops  Spray  Powder

Other

Frequency:  1x/day  2x/day  3x/day  Other:

am  noon  pm Dosage:

Administration:  Eats as treat  Oral  In meal  Injection Site

In snack  Peanut butter  Cheese  Canned food  Other

Other Instructions: \_\_\_\_\_

2. Medication/Supplement \_\_\_\_\_

Name of Medication/Supplement  
\_\_\_\_\_

Treatment for: \_\_\_\_\_

Will the course of treatment be completed while your pet is in our care?  Yes  No

Capsule  Tablet  Ointment  Injection  Drops  Spray  Powder



Other

Frequency:  1x/day  2x/day  3x/day  Other:

am  noon  pm Dosage:

Administration:  Eats as treat  Oral  In meal  Injection Site

In snack  Peanut butter  Cheese  Canned food  Other

## Additional Information for your knowledge

Training is 14 days starting the day of pick up and ending the day of drop off. The day of drop off there will be a session to go over the skills that the dog learned while away and tips and tricks on how to continue working your dog.

A 100.00 deposit is required for anything that is scheduled further than 7 days in advance. The deposit is applied to the bill. If you need to reschedule, we can work around that. IF you need to cancel then the deposit will be lost.

The total cost for 14 days is 800.00 unless otherwise specified. Prices are subject to change.

I will provide a solid foundation for training to continue once you have your dog at home and give you the tools needed to continue training. I will introduce as many age appropriate skills as possible as I can. Some additional training may be required. Also, additional lengths may be required as well. Please ask if you have questions. Not all dogs learn at the same rate or speed.

A bath is included in the price because every dog always needs a bath whether they have made several messes, played hard and got dirty, etc. Additional grooming or a detailed bath like a de-shed option can be added on. As well as a full groom, anal gland expression, nail trim, de-matting, fur cut, etc.

Price also includes pick up and drop off, free email, text for the duration of your pets' life on help troubleshooting problems you may run into to.

Discounted rates do apply after the initial 14 days for you no matter if it is the same pet or you choose to have another pet.

Discounts are as follows:

\$45.00 daily boarding and train rate in my home plus a \$15.00 travel fee

\$38.00 daily for boarding only in my home plus a \$ 15.00 travel fee