

## Ventura Pet Wellness & Dog Training Center New Client Information form



### **Owners Information:**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Second Owner Cell/ Alternative Phone: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E- Mail: \_\_\_\_\_

Who can we thank for your referral? \_\_\_\_\_

### **Dogs Information:**

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

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Dog Class: \_\_\_\_\_ Class Dates: \_\_\_\_\_ Class Fee: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Spayed/ Neutered: \_\_\_\_\_ If yes, at what age? \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Any behavioral changes following spay/neuter? \_\_\_\_\_

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Where did you get your dog? \_\_\_\_\_

Does your dog show any of these signs?

Fear     Anxiety     Aggression     Shyness     Don't Know     None

If yes please give a brief description: \_\_\_\_\_

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Has your dog shown aggression to new and/or familiar people? If yes please describe: \_\_\_\_\_

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Is your dog reactive to other dogs? If yes please describe: \_\_\_\_\_

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Has your dog ever bitten a person or other dog (please specify which one)?

If yes please describe the situation and the seriousness of the bite: \_\_\_\_\_

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Does your dog continuously bark in the presence of another dog? If yes do you think your dog will bark for most of the class? \_\_\_\_\_

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**Please read and check off each box before you sign.**

- I hereby acknowledge that I have voluntarily applied to participate in dog training activities with Shannon Coyner CPDT-KA, RVT, KPA CTP and Ventura Pet Wellness & Dog Training Center.
- I am aware that there are inherent risks and hazards involved in activities with and around dogs, and I am voluntarily participating in these activities with knowledge of potential dangers. I am aware that any dog, regardless of training, handling, or environmental circumstance, is capable of biting and I expressly acknowledge the risks therein.
- In order to participate in dog training classes or other activities, I, being fully informed of such risks and hazards, agree to assume all risks of such occurrences.
- I hereby waive any and all claims or actions that I or my guardians or representatives may have, from any and all personal injury to myself, my dog, children in my charge, or harm to property or person caused directly or indirectly, through action or inaction of self or others, by acts that might occur in dog training classes, any other format of training activities or secondary training without trainer present or engaged.
- I agree to indemnify Shannon Coyner and affiliates from any and all claims by myself, member of family, or any agent while within training facilities, within my home property, or in the general public as a result of any action or inaction, of either my dog or any another.
- I also agree to assume sole responsibility for injury or damage caused by myself, children in my charge, or by the dog I own or handle and further agree to indemnify, defend and hold the instructors, trainers, assistants and property harmless from any damage, loss, liability or expense, including legal cost and attorney's fees, which result from damage caused by myself, children in my charge, or by the dog I own or handle.
- I have provided current vaccination documents from a licensed veterinarian.
- I understand that there are no refunds given 7 business days prior to the start date of class.
- I have read the policies for dog training and I agree to adhere to them.

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

*Photo Release*

I grant to Ventura Pet Wellness its representatives and employees the right to take photographs of me and my dog in connection with training or classes I take with Ventura Pet Wellness. I authorize Ventura Pet Wellness its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Ventura Pet Wellness may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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

**Please be sure to return the New Client Form – Dog Classes, Registration Form, Class Policy Form and a copy of your dogs most recent vaccinations via email to [shannonvpw@gmail.com](mailto:shannonvpw@gmail.com) or by mail (please contact us for mailing address / Training Center address does not accept mail) prior to the start date of class.**